

**PROGRESS INC.  
ADMINISTRATION STAFF ONLY**

**PLEASE PRINT CLEARLY!!**

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	1	2	3	4	5	6		7	8	9	10	11	12	13		14	15	DO NOT WRITE IN
	T	W	TH	F	S	SU		M	TU	W	TH	F	S	SU		M	T	
<b>Program/Admin Managers</b>																		
<b>Hourly Administration</b>																		
Payroll Only:Enter Total Hrs →																		
<b>Quality Assurance</b>																		
Payroll Only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
Payroll only:Enter Total Hrs →																		
<b>TIME OFF:</b>																		
P (PTO) H (HOL) C (CSR)																		

**ALL staff must record sign in and sign out times for each shift!!**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Supervisor Signature