

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name	Last Name

DUE DATE: May 16, 2020

PAY PERIOD: May1-15

Position:

PAY DATE: June 3, 2020

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

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

Comments: _____

Employee Signature

Supervisor Signature