

**PROGRESS INC.
ADMIN. STAFF ONLY**

PLEASE PRINT CLEARLY!!

DUE DATE: **September 16, 2020**

First Name

Last Name

PAY PERIOD: **September 1-15**

Position:

PAY DATE: **October 1, 2020**

	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	T	W	TH	F	S	SU		M	T	
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 →																		
TIME OFF:																		
P (PTO) H (HOLIDAY) C (CSR)																		

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

Comments: _____

 Employee Signature

 Supervisor Signature

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