

**PROGRESS INC.
ADMINISTRATIVE STAFF ONLY**

PLEASE PRINT CLEARLY!!

First Name

Last Name

DUE DATE:

PAY PERIOD:

Position:

PAY DATE:

	16	17	18	19	20		21	22	23	24	25	26	27		28	29	30	DO NOT WRITE IN	
	W	TH	F	S	SU		M	T	W	TH	F	S	SU		M	T	W		
Program/Admin Managers																			
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