

**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	31	DO NOT WRITE IN	
	W	TH	F	S	SU		M	T	W	TH	F	S	SU		M	T	W	TH		
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