

**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	
	F	S	SU		M	T	W	TH	F	S	SU		M	T	W	TH	F	S		
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