

# Employee Daily End of Day Report Form

## Employee Details

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

## Daily Task Report

1. Major tasks completed: \_\_\_\_\_

2. Any unresolved tasks? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

3. Any urgent issues encountered? ☐ Yes ☐ No

4. Additional comments: \_\_\_\_\_

## Attendance & Shift Summary

Shift Start Time: \_\_\_\_\_

Shift End Time: \_\_\_\_\_

Break Duration: \_\_\_\_\_

Activity	Time Spent	Status	Notes

## Supervisor Review

Reviewed By: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Signature:** \_\_\_\_\_