

Employee End of Day Report Form

Template Word

Employee Information

Full Name: _____

Job Title: _____

Supervisor: _____

Date: _____

Work Summary

Task Completed: _____

Pending Tasks: _____

Challenges Faced: _____

Assistance Required: Yes No

Work Schedule Overview

Task Name	Start Time	End Time	Remarks

Employee Comments

Supervisor Approval

Approved By: _____

Signature: _____