

# End-of-Shift Report Template Example

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|               |                       |
|---------------|-----------------------|
| Employee Name | Marta Hicks           |
| Department    | Customer Support      |
| Position      | Senior Representative |
| Date          | 7/21/20XX             |

| Activity                                    | Start Time | End Time | Description   |
|---|------------|----------|---|
| Accounts                                    | 9:00 AM    | 5:00 PM  | Assisted customers with billing inquiries and account updates. Handled escalations from junior staff. |
|   |            |          |   |
|   |            |          |   |
|   |            |          |   |
|   |            |          |   |
| Other Comments                              |            |          |   |
| Resolved 85% of inquiries on first contact. |            |          |   |

|                  |              |
|------------------|--------------|
| Employee Name    | Marta Hicks  |
| Signature        |              |
| Team Leader Name | Henry McNeal |
| Signature        |              |

|  |  |
|--|--|
| Shift Summary: Details on tasks completed and issues faced   |  |
| Completed 25 customer inquiries. Resolved a major account discrepancy for a long-term customer. Faced challenges with a system outage that delayed response times by 30 minutes. |  |
| Outstanding Tasks  | Need to follow-up with IT to address system downtime. Customer XYZ issue needs re-investigation tomorrow.                  |
| Other Comments   | I'm requesting system training for newer staff members.  |
| Equipment / Inventory Check  | Phone system and headsets functioning properly. Computer was slow during the outage but resumed normal speed after reboot. |

# End-of-Shift Report Template

|               |  |
|---------------|--|
| Employee Name |  |
| Department    |  |
| Position      |  |
| Date          |  |

| Activity | Start Time | End Time | Description |
|----------|------------|----------|-------------|
|          |            |          |             |
|          |            |          |             |
|          |            |          |             |
|          |            |          |             |
|          |            |          |             |

|                |
|----------------|
| Other Comments |
|                |

|                  |  |
|------------------|--|
| Employee Name    |  |
| Signature        |  |
| Team Leader Name |  |
| Signature        |  |

|  |  |
|--|--|
| Shift Summary: Details on tasks completed and issues faced |  |
|  |  |
| Outstanding Tasks  |  |
| Other Comments   |  |
| Equipment / Inventory Check                                |  |

## **DISCLAIMER**

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