Work Activity Log Sheet

Department:	
Date:	
Employee Name:	
Supervisor Name:	

Start/Stop Time	Task Performed	Equipment or Resources Used	Final Remarks
8:00 - 8:30 am			
8:30 - 9:00 am			
9:00 - 9:30 am			
9:30 - 10:00 am			
10:00 - 10:30 am			
10:30 - 11:00 am			
11:00 - 11:30 am			
11:30 - 12:00 am			
12:00 - 2:30 pm			
2:00 - 2:30 pm			
2:30 - 3:00 pm			
3:00 - 3:30 pm			
3:30 - 4:00 pm			
4:00 - 4:30 pm			
4:30 - 5:00 pm			
5:00 - 5:30 pm			
5:30 - 6:00 pm			

Supervisor's Signature

Employee's Signature