



WEEKLY
STAFFING REPORT

CLIENT
NAME: _____

WEEK 1 DATES (Monday-Sunday): _____

Highlights: _____

Senior Signature: _____ Date: _____

WEEK 2 DATES (Monday-Sunday): _____

Highlights: _____

Senior Signature: _____ Date: _____

WEEK 3 DATES (Monday-Sunday): _____

Highlights: _____

Senior Signature: _____ Date: _____

WEEK 4 DATES (Monday-Sunday): _____

Highlights: _____

Senior Signature: _____ Date: _____

WEEK 5 DATES (Monday-Sunday): _____

Highlights: _____

Senior Signature: _____ Date: _____