



ASSIGNMENT REPORT

Name	
Store	
Counter	

Day	Date	Start Time	Finish Time	Sales	Manager Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Store Reports	Abilities	Customer Skills	Punctuality	Personal Grooming
Excellent				
Average				
Poor				

- ✓ **Fully complete ALL sections of your report each day**
- ✓ **Ensure you record your SALES**
- ✓ **Please ask your manager/senior to sign each shift**
- ✓ **Complete a fresh report sheet for each different counter and store**