



JOB COMPLETION REPORT

Use this form only after job is completed

Form 06-36T

Revised 01-07

This Section
To Be Filled Out By The Work Team Leader Of The Day

Client Name	Site #
Client Address	Inspection Date
Work Site Inspected By	Work Team

This Section To Be Filled Out By The
Work Team Adult
Write A Brief Description Of All Work Completed

This Section To Be Signed By Each Person Listed

Work Team Adult Name (print)	Work Team Adult Signature	Date
Client Name (print)	Client Signature [Required On Last Day Of Work]	Date
Color Group Leader Name (print)	Color Group Leader Signature	Date

This Form Must Be Turned In Prior To Receiving A New Work Assignment