

Employee Work Completion Report

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Designation: _____

Reporting Manager: _____

Period Covered: _____

Tasks Completed

#	Task Description	Start Date	Completion Date	Remarks	Status

Summary or Additional Comments

Employee Signature

Date: _____

Manager Signature

Date: _____

HR/Department Head

Date: _____

Important Notes:

- This report provides documented evidence of work completed during a specific period.
- Accurate and detailed task descriptions help in performance evaluation.
- All signatures are mandatory to ensure authenticity and approval.
- Any pending or incomplete tasks should be noted under "Remarks" or "Status".
- This format can be tailored based on organizational requirements.