Assignment Sheet – Downtime Document

DATE/TIME:_____UNIT:_____SHIFT:_____SHIFT LEADER:_____

EMPLOYEE ON CALL:_____TIME:_____CONTACT NUMBER:_____

EMPLOYEES ON CALL:_____TIME:_____CONTACT NUMBER: _____

Employee Name & Phone Number	JOB	Assignment	Comments

BOOK OFF			
Employee Name	**Job**	**Timecode**	**Comments**

SHIFT COMMENTS