Admin Supervision Log

Jewish Family Service of Metropolitan Detroit

Employee: Date: Time: AM
                                                                        PM
                                                          Frequency: Weekly
Supervisor: Department: Bi-weekly
                                                                        Monthly

Project Name	Current Status	Next Steps Towards Completion	Person(s) Respons.	Next Step Due Date	Next Step Done Date	Proj Due Date

Performance Accountability/Skill/Behavior Discussed	Next Steps/Comments	Due Date

Topic	Discussion/Problem/Concern	Need for Follow Up

Employee Signature:	**Date:**
Supervisor Signature:	**Date:**