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| WORK ASSIGNMENT FORM | |
| NAME: | **DATE**: |
| JOB:  SUPPLIES AND INVENTORY CLASSROOM | **TEAM LEADER**:  **YES**  **NO** |
|  | |
| TASK:  DAILY  WEEKLY | **SHIFT**:  **A.M.**  **P.M.** |
| PURPOSE | |
| Keeping track of supplies and inventory is important. Running out of supplies at inappropriate times will affect the quality of work the employees are capable of doing and may affect maintenance of the system. | |
| ESSENTIAL DUTIES | |
| * Check the supplies in the storage room in the back of the classroom * Make note of any supplies that are running low * Make note of any supplies that may need to be added to the list * Make sure supplies are labeled properly and are in their proper place | |
| GENERAL DESCRIPTION |  |
| * + Check and organize the supplies in the storage room that is in the back of the classroom using the supply list   + Make note that all items are accounted for on the supply list   + Make note if there are supplies that need to be ordered and report this to the supervisor when turning in the supply list for the week   + Make sure all items are labeled   + Make sure all items are being stored in their proper place   + Make note if there are supplies that need to be added to the supply list   + When task is complete turn supply list in to the supervisor (one supply list for the classroom should be handed in to the supervisor at the end of each week) | |
| SPECIAL ATTENTION/ADDITIONAL SCOPE OF WORK | |
| REMEMEBER TO CLOCK IN AND CLOCK OUT  *\*When turning the supply list in to the supervisor please verbally tell supervisor if there are any supplies that need to be purchased so that the supervisor has been informed verbally as well as been informed on the supply list.* | |

***I have reviewed this WORK ASSIGNMENT and agree to the work***

***I don’t agree to the work as follows***

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**Team Leader Signature Date Employee Signature Date**