



Monthly Departmental Report Form

Please turn in at/or email before each Departmental Staff Meeting.

Name: _____

Department: _____

For the Month of: _____

1. Please List Your Location for Each Sabbath in the Preceding four (4) Weeks:

City:

Purpose for Which You Were There:

_____	_____
_____	_____
_____	_____
_____	_____

2. Total Number of Days You Were in the Office: _____

3. Number of Department Prayer Meetings Attended: _____

4. I Met With My Secretary This Month: Yes ____ No ____

5. How many Pastoral phone calls did you make this month: _____

6. Please list the pastors that you called this month:

7. The Number One Objective That the Lord Blessed Me to Accomplish This Month is:
