

UPS PMS-OPES									
INDIVIDUAL WEEKLY MONITORING SHEET									
DATE	ACTIVITIES								
	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									

Section/Unit: _____
 Period Covered: _____
 Employee's Name: _____
 Position/Designation: _____
 Supervisor's Name and Signature/Date: _____

UPS PMS-OPES									
SUPERVISOR'S MONITORING SHEET									
STAFF	ACTIVITIES								
	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Task 7	Task 8	Task 9
Staff 1									
Staff 2									
Staff 3									
Staff 4									
Staff 5									
Staff 6									
Staff 7									
Staff 8									
Staff 9									
Staff 10									
Staff 11									
Staff 12									

Section/Unit : _____

Period Covered (e.g. March 1-15, 2010): _____

Supervisor's Name: _____

Position/Designation : _____

Supervisor's Signature/Date : _____