

SUPERVISOR'S WEEKLY SUMMARY REPORT

TO: C.S.S.B. OFFICE WEEK ENDING: _____

FROM: _____ CLIENT SITE: _____

DATE: _____ SUNDAY: _____

DATE: _____ MONDAY: _____

DATE: _____ TUESDAY: _____

DATE: _____ WEDNESDAY: _____

CONTINENTAL SECRET SERVICE BUREAU, INC.

DATE: _____ THURSDAY: _____

DATE: _____ FRIDAY: _____

DATE: _____ SATURDAY: _____

BRIEF EVALUATION OF PERSONNEL:

ADDITIONAL COMMENTS:

SIGNATURE: _____