

Evening Shift Handover Report

Front Office Staff

Date

YYYY-MM-DD

Shift Time

E.g. 3:00 PM - 11:00 PM

Prepared By

Staff Name

Received By

Staff Name

Expected Guest Arrivals

Room numbers, guest names, arrival times, VIPs, etc.

Expected Guest Departures

Room numbers, guest names, special requests, etc.

Pending Tasks

Incomplete check-ins, follow-ups, outstanding bills, etc.

Incidents / Issues During Shift

Describe any incidents, complaints, or issues needing attention

Maintenance / Housekeeping Requests

Any rooms, equipment, or areas needing attention

Guest Messages / Special Requests

Wake up calls, messages, amenities requested, etc.

Signature (Prepared By): _____ Date: _____
Signature (Received By): _____ Date: _____

