BUILDER'S FOR CHRIST / JACOB'S WELL
HAND-OFF FORM FROM WEEK __ TO ...

Your Name: _____

( ) - Home ( ) - Cell From _____, 2018 To _____, 2018

ITEM (NUMBER EACH ITEM)	LOCATION	REMARKS
A. TASKS NEEDING CORRECTION/REPAIRS		
B. TASKS UNDERWAY/NEEDING COMPLETION:		
C. NEW TASKS THAT WOULD BE NEXT IF I HAD MORE TIME:		

PRIORITY: 1) USE UNIQUE SKILLS 2) CORRECTION/REPAIRS 3) COMPLETE TASKS UNDERWAY 4) PREPARE FOR OTHER SUBSEQUENT UNIQUE SKILLS OF OTHERS 5) NEW ITEMS OF WORK

USE CONTINUATION SHEETS AS NEEDED