

TEAM TASK MANAGEMENT WORKFLOW TEMPLATE

For Teams of 5 · Weekly Operational Sheet · upframeiq.com

HOW TO USE THIS TEMPLATE

① ASSIGN	② TRACK	③ REVIEW	④ ESCALATE
Write each task owner's name in the Owner column before the week starts.	Update Status daily: Not Started → In Progress → Done.	Hold a 15-min Monday stand-up to review carry-overs from last week.	Any task delayed 2+ days auto-escalates — flag it in the Priority column.

SECTION 1 — WEEKLY TASK TRACKER

Week of: _____ | Department: _____

TASK / DELIVERABLE	OWNER	PRIORITY	DUE DATE	STATUS	NOTES / BLOCKERS
Task 1: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 2: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 3: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 4: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 5: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 6: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 7: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____
Task 8: _____	_____	[] High [] Med [] Low	__/__/__	[] Not Started [] In Progress [] Done [] Delayed	_____ _____

SECTION 2 — TEAM RESPONSIBILITY MATRIX (5-Person Team)

Week of: _____ | Department: _____

ROLE / PERSON	PRIMARY TASKS THIS WEEK	SUPPORT NEEDED FROM	CAPACITY (hrs/week)	BOTTLENECK RISK
Person 1 (Lead / Manager)	_____	Person 2, 3	__ hrs	[] Low [] High
Person 2 (Operations)	_____	Person 1	__ hrs	[] Low [] High
Person 3 (Client / Sales)	_____	Person 4	__ hrs	[] Low [] High
Person 4 (Execution / Dev)	_____	Person 3, 5	__ hrs	[] Low [] High
Person 5 (Support / Admin)	_____	All	__ hrs	[] Low [] High

SECTION 3 — CARRY-OVER & DELAY LOG (Money-Leakage Tracker)

Week of: _____ | Department: _____

DELAYED TASK	ORIGINAL DUE DATE	NEW DUE DATE	REASON FOR DELAY	BUSINESS IMPACT	ACTION TO UNBLOCK
_____	___/___	___/___	<input type="checkbox"/> Resource gap <input type="checkbox"/> Miscommunication <input type="checkbox"/> Client hold <input type="checkbox"/> Other: _____	<input type="checkbox"/> Payment delay <input type="checkbox"/> Client risk <input type="checkbox"/> Team pressure <input type="checkbox"/> Low	_____
_____	___/___	___/___	<input type="checkbox"/> Resource gap <input type="checkbox"/> Miscommunication <input type="checkbox"/> Client hold <input type="checkbox"/> Other: _____	<input type="checkbox"/> Payment delay <input type="checkbox"/> Client risk <input type="checkbox"/> Team pressure <input type="checkbox"/> Low	_____
_____	___/___	___/___	<input type="checkbox"/> Resource gap <input type="checkbox"/> Miscommunication <input type="checkbox"/> Client hold <input type="checkbox"/> Other: _____	<input type="checkbox"/> Payment delay <input type="checkbox"/> Client risk <input type="checkbox"/> Team pressure <input type="checkbox"/> Low	_____
_____	___/___	___/___	<input type="checkbox"/> Resource gap <input type="checkbox"/> Miscommunication <input type="checkbox"/> Client hold <input type="checkbox"/> Other: _____	<input type="checkbox"/> Payment delay <input type="checkbox"/> Client risk <input type="checkbox"/> Team pressure <input type="checkbox"/> Low	_____

SECTION 4 — WEEKLY OPERATIONS HEALTH SCORE

Week of: _____ | Department: _____

METRIC	TARGET	ACTUAL	SCORE (1-5)	COMMENTS
Tasks completed on time	≥ 80%	___%	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Zero task duplicates	0 duplicates	___	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Client deliverables met	100%	___%	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Internal communications clear	Daily check-in	___/5 days	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Carry-over tasks reduced vs last week	< 3 tasks	___ tasks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

WORKFLOW SOPs — The 5 Non-Negotiable Rules

1. Every task must have ONE owner — no task is a 'team task'.
2. No task moves forward without a written due date.
3. Any task delayed beyond 48 hrs must be logged in Section 3.
4. Monday: 15-min stand-up review. Friday: 10-min wrap-up + next week prep.
5. This sheet is updated daily — not weekly, not when you remember.