**Transition Information & Plan**

**Schedule for Transition Period:** Identify Key Meetings with Stakeholders; Transitional meetings - handing off responsibilities and information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Plans for handing off work to supervisors, other co-workers, etc.** | | | |
| **Upcoming Meetings (Time, Date, Location)** | **Subject/Topic** | **Who Attends** | **What to Bring** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Key People and Contact Information:** Please provide the following information related to key people you work with on a regular basis.

| **Please list those in your work unit, or in other departments that do similar work to your own:** | | |
| --- | --- | --- |
| **Individual, Title** | **Description of relationship and collaboration** | **Best Way to Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Operations-Campus/Community Leaders and Stakeholders: Include where they are located in the description:** | | |
| **Individual, Title** | **Description of relationship and collaboration** | **Best Way to Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Other Key Individuals and Stakeholders You Collaborate with to Get Your Work Done:** | | |
| **Individual, Title** | **Description of relationship and collaboration** | **Best Way to Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Web-sites/Databases/Reports/Sites/Other Resources:** Please provide the links to where your work is located.

|  |  |
| --- | --- |
| **Websites/Database Resources:** | |
| **Information/Subject** | **Contact and Resource** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Distribution Lists you are a part of or those you own/created:** | |
| **Title** | **Purpose for being a part of the DL** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Files you are using or storing for future use and/or recordkeeping:** | | |
| **File Location** | **Active? (y/n)** | **Purpose** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Permissions to systems/databases that you use in your daily work:** | | |
| **Program** | **Permission Level** | **Platforms** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide a list of standing meetings, committees, or teams you participate in:** | | | |
| **Meeting/Committee Title** | **When** | **Role/Responsibility** | **Organizer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Accountabilities and Responsibilities:** (Please list your specific accountabilities and responsibilities in support of your role. In the right column identify who it is being handed off to and the date it was completed. )

|  |  |  |
| --- | --- | --- |
| **Accountability and Responsibility** | **Description** | **Individual Handed Off To and Date Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Priorities and Areas of Concern:** Please list any major bodies of work that you would identify as a priority to be completed in the next 3 months. List any areas of concern that you may have to ensure your customers and stakeholders maintain seamless support and service.

|  |  |  |
| --- | --- | --- |
| **Priorities and Areas of Concern** | **Description** | **Recommendation to address priority or concern** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Daily Tasks:** Provide a list of the daily work that you do in summary and any special considerations like deadlines, who your back up is to keep things on track in case of illness or vacation.

|  |  |  |
| --- | --- | --- |
| **Task** | **Back Up** | **Summary/Special Considerations** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Important Calendar Dates:** Dates that need to be taken into consideration as you plan the work from week to week/month to month (ie, Convocation, End of Quarter, Finals Week, other Special Events).

|  |  |  |
| --- | --- | --- |
| **Date** | **Event** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |