

ITS Staff Transition Plan

Employee:	New Job Position Effective Date:
Current Manager:	New ITS Manager:
Current Dept:	New ITS Dept:
Current Position:	New ITS Position:
Current Classification:	New Classification:
Current Location:	New Location:

New ITS Position

*This section is to be completed by the Manager of the incoming staff member. Describe the new ITS role that the employee will be moving to and the effective date for the move. **If a formal Job Description is on file with Staff HR please provide the Job Description name below.** If a formal job description does not exist for the new role then describe the major accountabilities of the new role below. In the Specific Training Requirements section please identify any necessary training or orientation that will be required to enable the employee to perform their new ITS role.*

Job Accountabilities & Expectations

Specific Training Requirements

ITS Staff Transition Plan

TRANSITION CHECKLIST

This section is to be used to monitor the implementation of the Transition Plan by the Manager and the Employee. Please attach any additional information to this form.

	Done
✓ New role job description, accountabilities & expectations discussed between new manager and employee	
✓ Effective date established for new role	
✓ Effective date agreed to by new manager	
✓ Effective date agreed to by current manager	
✓ Employee Specific Training Requirements discussed	
✓ Employee has handed off old responsibilities	
✓ Employee training & orientation conducted	
✓ Current Manager conducted performance review	

ADDITIONAL COMMENTS

Continue comments from previous sections or record additional general comments as needed. If additional space is required, please attach a separate page.

TRANSITION PLAN AGREEMENT

Sign and date the Transition Plan signifying agreement with its contents.

Current Manager (Print or Type)	Reviewer's Signature	Date
New ITS Manager (Print or Type)	Reviewer's Signature	Date
Employee (Print or Type)	Employee's Signature	Date