ITS Staff Transition Plan

New Job Position Effective Date:

Employee:

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		

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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		ey are manager and are
Employee. I leade attach any additional	mnormation to time form.	Done
/ No selected description	tabilities O a sectotion discount but	
	ntabilities & expectations discussed bet	ween new manager and
employee		
✓ Effective date established for ne		
✓ Effective date agreed to by new		
✓ Effective date agreed to by current		
✓ Employee Specific Training Req		
✓ Employee has handed off old re-	sponsibilities	
✓ Employee training & orientation	conducted	
✓ Current Manager conducted per	formance review	
ADDITIONAL COMMENTS		
	or record additional general comments as	needed If additional space is
Continue comments from previous sections or record additional general comments as needed. If additional space is required, please attach a separate page.		
required, piease attacir a separate page.		
TRANSITION PLAN AGREEME	NT	
Sign and date the Transition Plan signifying		
Sign and date the Transition Fran Signifying	agreement with its contents.	
Current Manager (Print or Type)	Reviewer's Signature	Date
Current manager (Fillit or Type)	Neviewei's Signature	Date
No. ITO Manage (P. 1)	De la cala Ci d	D. L.
New ITS Manager (Print or Type)	Reviewer's Signature	Date
Employee (Print or Type)	Employee's Signature	Date

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