Knowledge Transfer Plan

As a member of the University community, you were given access to substantial information regarding the University’s business operations. Your knowledge and experience is of immense value to us as we make decisions regarding the direction and needs of our organization. To ensure an orderly transition of responsibilities for which you have been mainly accountable, we ask that you respond to the following questions and return to your supervisor before your departure. Add rows as needed.

| Name: | Job Title: |
| --- | --- |
| Manager: | Last Day of Work: | Due Date: |

1. Provide a list of all projects, ongoing tasks, guidance, information and other open items on which you are currently working.

| Project | Key contacts with knowledge of project | Contact Info | Status of project | Time Line for Delivery | Special Concerns (client, budget, safety, etc) | Location of Working Files (soft and hard copies) | Notes |
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1. External or Client Relationships/Contacts
	1. To include regulatory groups (municipal, federal, etc).
	2. Do introductions need to be made before you leave? If so, please indicate when we might plan for such introductions.

| Name | Organization | Address | Phone | Email | Relationship Description/Notes |
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1. NC State University Relationships/Contacts
	1. Include individuals from your unit AND across campus.
	2. Do introductions need to be made before you leave? If so, please indicate when we might plan for such introductions.

| Name | Division/Office | Location | Phone | Email | Relationship Description/Notes |
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1. Are there specific files/records related to your current or past projects or historical reference documents that should be retained over a defined period of time?

| Project Files/Records | Location (soft and hard copies) | Retention Period | Contact Person |
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1. What documents do you own that should be transferred to a shared space?

| File name | Current Location/owner | Transferred to new location/owner |
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1. Do Standard Operating Procedures exist for your role? If yes, are they up to date, and please provide the location and last date of revision.

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1. Is there information not requested on this form that you feel would be helpful for us to know? If yes, please provide.

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Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_