



EMPLOYEE KNOWLEDGE TRANSFER PLAN

EMPLOYEE INFORMATION

Employee Name: _____	Supervisor Name: _____
Position Title: _____	Separation Date: _____
Department: _____	Meeting Date(s): _____

EMPLOYEE KNOWLEDGE TRANSFER DATA

Projects and Tasks

Please provide a list of all projects, day-to-day duties, ongoing tasks, tips, information and other open items which you are currently working on (please attach a current position description). Indicate completion status. Attach additional pages as needed.

Project/Task Title	Status (complete/incomplete)

Computer Systems Information

Please identify systems information which supports the work you perform to be shared, downloaded, and/or saved by your supervisor, administrative aide, and/or others. Attach additional page as needed.

Log-In Name	Application/URL	Password

Key Collaborators and Contacts

Please identify key people (internal and external) whom you are currently working with. Attach additional pages as needed.

Key Contact Name	Title/Department	Contact Info	Reason for Contact

Committee Memberships

Please list committee(s) you currently serve on, your role in the committee, and the status of your replacement on that committee (i.e. name of person replacing you.; position will remain vacant; no replacement required; will be appointed by supervisor, etc.

Committee	Role on Committee	Your Replacement	Notified of Departure?

Paper/Digital Files and Files for Retention

Are there specific files/records related to current or past duties/projects that should be retained over a defined period of time? If yes, please list, identify location, and include the retention period. Attach additional pages as needed.

File Name	Location

Equipment

What college equipment was assigned to you for use? Where is it located?

Equipment Name	MC Inventory#	Location	Condition

Passwords

Please identify passwords for key electronics, online applications/subscriptions, vendor accounts, etc.

Account Name/Type	Password

FINAL REMARKS

Special Contributions

Identify any areas in which you may have developed a different (or better) approach to enhance your work and/or projects. Attach additional pages if needed.

Recommendations

Do you have any recommendations you wish to make for your department or college operations?

Contact Information

Please provide a contact number should we need to reach you. If you plan to move out of the area within the next year, please provide forwarding information, if known.

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Date Completed: _____

