**WORK TRANSITION PLAN**

**Employee Information:**

|  |  |
| --- | --- |
| Name: | [Insert Your Name] |
| Position: | [Insert Your Position] |
| Department/Team: | [Insert Current Department or Team] |
| Contact Information: | [Insert Your Email and Phone Number] |
| Last Working Day: | [Insert Last Working Day] |

**Overview:**

This Work Transition is to ensure a smooth and efficient transition of responsibilities from the current employee to the designated recipient. It includes essential information about ongoing tasks, projects, and key contacts.

**Work Responsibilities:**

|  |  |
| --- | --- |
| **Current Work Responsibilities** | **Upcoming Work or Projects** |
| [List your current responsibilities and tasks.] | [Specify any upcoming projects or tasks] |
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**Task and Project Details:**

|  |  |  |
| --- | --- | --- |
| **Details** | **Project 1** | **Project 2** |
| Task/Project Name | [Insert Task or Project Name] | [Insert Task or Project Name] |
| Description | [brief description of the task] | [brief description of the task] |
| Status | [Indicate the current status] | [Indicate the current status] |
| Priority | [Specify the task's priority level] | [Specify the task's priority level] |
| Key Deadlines | [any important deadlines] | [any important deadlines] |
| Key Stakeholders | [List the team members involved] | [List the team members involved] |

**Access and Resources:**

* **Access to Systems/Tools:** [List the systems, software, or tools that the recipient will need access to and provide login credentials or instructions.]
* **Documentation:** [Specify the location of relevant documentation or files (e.g., shared drive, project repository).]
* **Contacts:** [Provide contact information for key colleagues, clients, or vendors the recipient may need to reach out to.]

**Transition Plan:**

* **Responsibilities Transfer:** [Detail how the responsibilities will be transferred to the recipient. Include any training or knowledge sharing plans.]
* **Transition Timeline:** [Provide a timeline for the transition process, including milestones or check-in points.]

**Next Steps:**

* **Recipient's Action Items:** [List the immediate action items the recipient should undertake after receiving the handover.]

**Sign-Off:**

I, [Your Name], the current employee, acknowledge that I have completed this work handover transition template to the best of my ability. I commit to providing support and assistance to the recipient, [Recipient's Name], during the transition period to ensure a seamless transfer of responsibilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employee** | | **Recipient** | |
| Name: | [Your Name] | Name: | [Recipient's Name] |
| Signature: |  | Signature: |  |
| Date: | [Last Working Day] | Date: | [Recipient's Start Date] |