# Role Transition Plan Template

## **Instructions: How to Use This Tool**

As one person exits a role and a successor takes over, a clear checklist-based plan will help ensure a smooth transition. This template should be used by HR, in conjunction with department leadership, to effectively track transition between roles.

|  |  |  |  |
| --- | --- | --- | --- |
| **Incumbent** |  | **Role Exit Date** |  |
| **Current Role** |  | **New Role**  |  |
| **Current Supervisor** |  | **New Supervisor** |  |
| **Current Department** |  | **New Department** |  |
|  |
| **Successor** |  | **New Role Start Date** |  |
| **Current Role** |  | **New Role** |  |
| **Current Supervisor** |  | **New Supervisor** |  |
| **Current Department** |  | **New Department** |  |

## **Role Accountabilities and Expectations**

Summarize the key accountabilities and expectations of the incumbent’s role. This summary should highlight specific tasks and initiatives that the successor must take on, including success enablers.

Attach the job description for a full description of accountabilities and expectations.

|  |  |
| --- | --- |
| Accountability | **Success Enablers** |
| [Describe goal] | [Describe enabler] |
| [Describe goal] | [Describe enabler]  |
| [Describe goal] | [Describe enabler] |
| [Describe goal] | [Describe enabler] |
| [Describe goal] | [Describe enabler] |
| [Describe goal] | [Describe enabler] |

## **Incumbent Knowledge Transfer Requirements**

Document the knowledge and skills requirements for the key role, as well as any additional knowledge and skills possessed by the key role incumbent that will aid the successor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Knowledge/Skill** | **Transfer Method(s)** | **Incumbent/Successor Responsibilities in Transfer** | **Time Frame for Transfer Completion** |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |
| [Knowledge/skill] | [Transfer method] | [Responsibilities] | [Time Frame] |

## **Incumbent Alternative Work Arrangements**

Delete this section if not applicable.

Describe any amendments to the incumbent’s role during the remainder of his or her tenure in that role. This includes changes to job description, hours worked, primary work location, full-time status, increases in time off, etc. Also include any effects on other people, processes, or policies and associated communications or amendments that must be made.

**Note:** The work arrangement description here does not replace any legally-binding employment or contractual agreement. A separate, official document must be produced and signed by both the employee and employer if a substantial change is made in employment status.

## **Role Transition Checklist**

The Role Transition Checklist offers a guideline for key transition activities that must be completed by certain dates to facilitate the transition.

|  |  |  |
| --- | --- | --- |
| **Transition Administration Activities(Overseen by New Supervisor)** | **Completion Date** | **Comments** |
| New position, accountabilities, and expectations discussed between successor and new manager. |  |  |
| Effective date and probation period established for new position – agreed to by successor, current supervisor, and new supervisor. |  |  |
| Support role of incumbent during transition period finalized (if applicable). |  |  |
| HR/Payroll notified of pending position changes. |  |  |
| Training requirements for new position discussed and executed/in progress. |  |  |
| Current and new staff notified of position change. |  |  |
| IT/Facilities notified of pending location and access changes. |  |  |
| Exit interview of incumbent conducted (if applicable). |  |  |
| [Insert other activity] |  |  |
| [Insert other activity] |  |  |

|  |  |  |
| --- | --- | --- |
| **Current Role Hand-off Activities(Overseen by Current Supervisor)** | **Completion Date** | **Comments** |
| Information provided on relevant business issues |  |  |
| Information provided on projects, initiatives, and tasks |  |  |
| Information provided on direct reports (if applicable) |  |  |
| Location of documents and records disclosed |  |  |
| Key contact information provided |  |  |
| Current colleagues notified |  |  |
| Current customers notified (if applicable) |  |  |
| Current vendors/service providers notified (if applicable) |  |  |
| Relevant system IDs and passwords exchanged/reset |  |  |
| Final employee performance review conducted by current supervisor |  |  |
| [Insert other activity] |  |  |
| [Insert other activity] |  |  |

|  |  |  |
| --- | --- | --- |
| **New Role Orientation Activities Successor(Overseen by New Supervisor)** | **Completion Date** | **Comments** |
| Changes made effective in HR/payroll systems |  |  |
| Physical relocation carried out (if applicable) |  |  |
| Information provided on relevant business issues |  |  |
| Information provided on projects, initiatives, and tasks |  |  |
| Information provided on new direct reports |  |  |
| Location of documents and records disclosed |  |  |
| Key contact information provided |  |  |
| New colleagues notified |  |  |
| New customers notified (if applicable) |  |  |
| New vendors/service providers notified (if applicable) |  |  |
| Relevant system IDs and passwords exchanged/reset |  |  |
| Meet with new team |  |  |
| Probation period review conducted by new supervisor |  |  |
| [Insert other activity] |  |  |
| [Insert other activity] |  |  |

## **Transition Plan Agreement**

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Incumbent Signature Date

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Current Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_