**WORKLOAD TURN-OVER FORM**

**Instruction**: This form is to be accomplished 30 calendar days prior to resignation, termination, or end of contract as a requirement for and attachment to clearance.

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date Today:** |  |
|  |  |  |  |  |
| **Position:** |  |  | **Office:** |  |
|  |  |
| **Last Day of Service:** |  |

|  |  |  |
| --- | --- | --- |
| **Turn-Over Tasks/ Activities** | **To be Turned Over to** *(Name and Signature)* | **Status/Remarks***(Completed, On-Going, Incomplete) If incomplete, state plan of action* |
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*Note: Attach additional pages, if necessary.*

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| **Prepared by:** |  |  |  |
|  | Outgoing Personnel/Faculty |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Noted by:** |  |  |  |
|  | Unit Head/Dean/Director |  | Date |