

1. Confidentiality obligations

4. Other

2. Proprietary information & Intellectual property

3. Guidelines regarding Public Disclosures

KNOWLEDGE TRANSFER

As a member of the Tennessee State University, you were given access to substantial information regarding the University's business operations and clientele. Your knowledge and experience is of immense value to us as we make decisions regarding the direction and needs of the organization. To ensure an orderly transition of responsibilities for which you have been mainly accountable, we ask that you assist us by responding to the following questions:

Name:	: _		_ Job Title:
Superv	visor:		_ Last Day of Work:
1.			mation and other open items on which you are ext 5 – 7 months. (Use Project Status Templa
2.	Report to		er than those identified in the Project Status I leave the organization? If yes, please list and
3.	•	any external agencies and regulatory groups y for us to interact in order to fulfill obligatio	· · · · · · · · · · · · · · · · · · ·
4.		e specific files/records related to current or poeriod of time? If yes, please list, identify the	• •
5.	List impo	ortant historical/reference documents, if any,	, in your possession.
6.	Reminde	rs: Discussion Points	

Knowledge Transfer, Page 2 Suggestion- print out front and back

7. Wł	What equipment was assigned to you for use? Where is the equipment?									
	. We may contact you if we have additional questions. Please provide a contact number should we need to reach you. ()									
9. Is there any other information not requested on this form that you feel it would be helpful for us to know? If yes, please provide:										
 10. Document instruction/manual below and any other process not noted: Banner: Project Status Report 										
Project	Client Contact Information	Key Contacts with Knowledge of Project	Status of Project	Time Line for Delivery	Special Concerns (client, budget, safety, etc.)	Location of Working Files	Comments			

Reviewed and/or discussed with employee:

Supervisor: ______ Date: ______
Supervisor Signature

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Supervisor to retain this form.