Assembling Key Staff Contingency Plans

Please complete the following questions/blanks to organize key information about your current roles and responsibilities. We are trying to take a minimalist approach but if you have additional information to provide or have assembled procedures for many of the things that you do, please attach that material with this submission.

The current thinking is that this information will be reviewed and updated with your immediate supervisor annually as part of the performance evaluation process.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the chart below, please begin by listing the various areas of responsibility where you spend most of your time, or that are unique to you(no one else in the organization does it).
2. For each of those roles, note the person or people who would cover for you in an unexpected absence, this might be similar to how coverage is handled when you take a vacation and should presume that you are not easily reached by phone.
3. If you have not yet identified a way to cover this responsibility in your absence or you have identified a person to cover but need to train that person, please add that note.

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| --- | --- | --- |
| 1. Key Role/Responsibility | 1. Who could provide interim coverage? | 1. What preparation, documentation or cross-training is needed? |
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1. If you were out for more than 30 days, what would be the greatest challenges to covering your area? What guidance can you offer about who should be involved in covering until you return and what they need to know or do?
2. What Key people or organizations does this position work with that no one else works with?

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| --- | --- | --- |
| Name/Title | Organization | E-mail and Phone# |
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1. In addition to the people listed in Q#5 above, what is the list of people/organizations that need to be informed in case of your serious illness or departure?

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| --- | --- | --- |
| Name/Title | Organization | E-mail and Phone# |
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1. Please spend a few minutes looking at your calendar to briefly note your recurring responsibilities and outline an annual calendar of major responsibilities and deadlines – don’t try to fill every box.

Things I do every week

* .
* .

Things I do every month

* .
* .

Annual Calendar

|  |  |  |
| --- | --- | --- |
| Month | Key Tasks/Projects/Events | Key Deadlines |
|  |  |  |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |
| July |  |  |
| August |  |  |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |

Successor Development

* Who are the high potential people on your team right now? What makes them stand out? What would have the greatest impact on their growth and increase their likelihood to stay with us?

Please submit this form to your Executive Director/CEO with a copy of your most recent Job Description and any other information that is pertinent to someone covering your role in your absence.