

Cross-Departmental Handover Agreement

Date: [Insert Date]

To: [Recipient Name/Department Head]

From: [Sender Name/Department Head]

Subject: Handover Agreement for [Project/Process Name]

This document serves as a formal agreement for the transfer of responsibilities regarding [Project/Task Name] from the [Departing Department Name] to the [Receiving Department Name].

1. Scope of Handover

The following items are included in this transfer:

- [Item/Task 1]
- [Item/Task 2]
- [Item/Task 3]

2. Key Deliverables and Documentation

The following assets have been provided to ensure continuity:

- [List specific files, login credentials, or reports]
- [List physical assets or hardware]

3. Timeline and Effective Date

The formal transition will begin on [Start Date] and is expected to be fully completed by [Completion Date]. As of [Effective Date], the [Receiving Department Name] will assume full operational accountability.

4. Outstanding Actions

The following tasks remain in progress and require immediate attention:

- [Pending Task A] - Status: [Current Status]
- [Pending Task B] - Status: [Current Status]

5. Points of Contact

For any questions during the transition period, the following individuals are the designated leads:

- **Departing Dept. Lead:** [Name, Email, Extension]

- **Receiving Dept. Lead:** [Name, Email, Extension]

By signing below, both departments acknowledge the transfer of duties and the accuracy of the information provided above.

Departing Department Representative:

Signature: _____ Date: _____

Receiving Department Representative:

Signature: _____ Date: _____