

UPEI CONTINUITY PLANNING TEMPLATE

Department's Emergency Contact(s) and Alternates:

Name and Title	Office address & phone	Home address & phone	Cell # & e-mail

Department Profile:

1. Name of department/unit	
2. Type of department/unit	
3. This department/unit is a part of:	
4. Department/unit contact <u>for plan</u>	

Critical Functions List

List each of the critical functions your department/unit NORMALLY performs. Indicate the Priority Level for each function.

Item #	5. Critical Function	6. Priority Level
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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**Complete a separate copy of details and coping strategies for each critical function –
make an additional copy of this page for each critical function**

Critical Function Detail

Provide the following details for this critical function.

Item #: _____

7. Critical Function Name	
8. Function Processes	•
9. Name of department/unit section(s) or personnel responsible for performing this function	

Coping Strategies

How will you continue to provide this critical function with limited staff?

Strategy	Implementation
10. Staff re-assignment	
11. Unique skills	
12. Working from home	
13. Temporary workers	
14. Overtime	
15. Limit services	
16. Technology	
17. Other (specify)	

Overall Plan Approved by Department Director/Manager:

(print & sign)

(date)