

<b>QF113C</b>	<b>TRANSITION AGREEMENT</b>
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This Transition Agreement is made for the purpose of agreeing to set dates and times of contact between the Customer Relations Officer and yourself throughout the 8-week transition process.

I wish to proceed with an 8-week transition as agreed to below.      Yes / No

I do not wish to have an 8-week transition and only wish to be contacted as required  
Yes / No

Customer Signature: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

				Completion Date	CRO Initial on completion
<b>Week 1 – Home visit &amp; 1 x follow up call</b>					
Home Visit Date		Time			
Day		Time			
<b>Week 2 – 2 x follow up calls</b>					
Day		Time			
Day		Time			
<b>Week 3 – 2 x follow up calls</b>					
Day		Time			
Day		Time			
Home visit scheduled				Outlook updated	

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<b>Week 4 – Home visit &amp; 1 x follow up call</b>					
Home Visit Date		Time			
Day		Time			

<b>Week 5 – 2 x follow up calls</b>					
Day		Time			
Day		Time			

<b>Week 6 – 2 x follow up calls</b>					
Day		Time			
Day		Time			

<b>Week 7 – 2 x follow up calls</b>					
Day		Time			
Day		Time			
Home visit scheduled				Outlook updated	

<b>Week 8 – Home visit with Customer Relations Officer</b>					
Home Visit Date		Time			

I ..... agree that I am happy with my transition period and agree to be handed over to Service Delivery Team.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use:**

	Scanned into H/Drive		
	Handover with SDO completed		
Sign off by GM Accommodation & Services		Date	