**Staffing Management Plan**

* **Competency**:Description of the skill set necessary for each role for the redeployment to be successful
* **Estimated Start Date**: Description of the estimated date when the staff member will be redeployed
* **Estimated Duration**: Description of the length of time the staff member will be on trial
* **Time Commitment**: Description of the required time commitment of supervisor to ensure redeployment is successful e.g. for induction, training, mentoring etc.

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| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Team** | **Responsibilities** | **Competency**  **(Required Skills)** | **Estimated Start Date** | **Estimated Duration** | **Time Commitment** |
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## Training Required

The following captures the training needed to ensure that necessary skill levels are available once the staff member has been redeployed.

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| --- | --- | --- | --- | --- | --- |
| **Role/Staff Resource** | **Training Needed** | **Timeframe Needed** | **Anticipated Cost** | **Training Method** | **Suggested Vendor/ Source** |
|  |  |  |  |  |  |
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[Complete the table above:

**Role/Staff Resource** – Describe the role as defined in the PMP and identify the expected staff resource(s) by name for each role.

**Training Needed** – For each staff resource, describe the training needed to close any skill gap and bring the resource to the appropriate competency level.

**Timeframe** – Describe the timeframe the required training is needed. The PM needs to consider the length of time required for the actual training and when the training needs to be completed.

**Anticipated Cost** – Develop a cost estimate for training.

**Training method** – Describe the training method to be employed, for example, lectures, consultations, mentoring, computer assisted training, etc.

**Suggested Vendor/Source** – Identify potential sources for performing training.

Add rows to the table as necessary]

Staffing Management Plan Approval

The undersigned acknowledge that they have reviewed the ***<Project Name>* Staffing Management Plan** and agree with the information presented within this document. Changes to this **Staff Management Plan** will be coordinated with, and approved by, the undersigned, or their designated representatives.

[List the individuals whose signatures are desired. Examples of such individuals are Business Owner, Project Manager (if identified), and any appropriate stakeholders. Add additional lines for signature as necessary.]

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| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: |  |  |  |

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| Print Name: |  |  |  |
| Title: |  |  |  |
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| Title: |  |  |  |
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