**(*Weapon System/Program Name*)**

**TRANSITION SUPPORT PLAN**

**(TSP)**

**(Date)**

**EXECUTIVE SUMMARY**

Transition support planning supports the transition of Program Manager (PM) authority and responsibilities of the weapon system or business systems. The TSP Executive Summary should include top-level information on the “who, what, when, and why.” Please include the program name, the delivering and receiving organizations, as well as the time and meaning for the transition.

**COORDINATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Delivering Program Official) (Receiving Program Official)

(Delivering Program Office Symbol) (Receiving Program Office Symbol)

**APPROVAL**

Program Transition Dates: Begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POCs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource Transition Summary Table:

Approval of this document constitutes the baseline for the (*program/system name*) program transition from \_\_\_\_(*Delivering organization/office symbol*)\_\_\_\_, located at \_\_(*Base*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to \_\_\_\_(*Receiving* *organization/office symbol*)\_\_\_\_, located at \_\_(*Base*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. AFPEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ retains executive oversight and authority for this program.

|  |
| --- |
| **FUNDING SUMMARY** |
|  | **Appropriation** | **PEC** | **FYxx** | **FYxx** | **FYxx** | **FYxx** | **FYxx** | **FYxx** | **FYxx** |
| **From Delivering Organization** |  |  |  |  |  |  |  |  |  |
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| **To****Receiving Organization** |  |  |  |  |  |  |  |  |  |
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| **MANPOWER SUMMARY** |
| **From Delivering Organization** | **Enlisted** |  |  |  |  |  |  |  |  |
| **Officer** |  |  |  |  |  |  |  |  |
| **Civilian** |  |  |  |  |  |  |  |  |
| **CME** |  |  |  |  |  |  |  |  |
| **To****Receiving Organization** | **Enlisted** |  |  |  |  |  |  |  |  |
| **Officer** |  |  |  |  |  |  |  |  |
| **Civilian** |  |  |  |  |  |  |  |  |
| **CME** |  |  |  |  |  |  |  |  |

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(Delivering Organization Date (Receiving Organization Date

Signature Block) Signature Block)

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(Delivering Center / MAJCOM Date (Receiving Center Date

Signature Block) Signature Block)

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(Delivering MAJCOM Date (Receiving MAJCOM Date

Signature Block Signature Block)

***INSTRUCTIONS: (Include all sections in your TSP preparation. If a section or sub-section does not apply to the transition, include the section/sub-section name and mark as “N/A”.)***

Executive Summary #

Coordination #

Approval #

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