

**Transition of Elected and Appointed LOCNAA  
Officers and Committee Chairpersons**

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**LOCNAA TRANSITION**

1. Persons required to conduct transitional meeting:
  - a. All outgoing and incoming elected officers
  - b. All outgoing and incoming appointed officers
  - c. All outgoing and incoming chairpersons
  
2. At this time, the Transition Checklist and all records (including all audited financial records and LOCNAA checkbook/credit cards) must be turned over to the incoming officers.
  
3. All LOCNAA copies of the administrative tools should be turned over immediately to the newly elected President.
  
4. LOCNAA officers must be reminded to:
  - a. Immediately change the signature on the bank cards
  - b. Designate a regular meeting time and regular meeting place
  - c. Hold Executive Board meetings prior to regular meetings
  - d. Use Robert's Rule of Order, Newly Revised to conduct meetings

The goals are to give the guidance and assistance necessary to enable the officers to perform well and on their own. It is expected that the officers' proficiency levels will be elevated so that the skills acquired can be taught to other LOCNAA members.

**TRANSITION MEETING:**

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

## **TRANSITION CHECKLIST**

LOCNAA requires each officer and committee chairperson to complete this Checklist at the end of his/her term to assure communication between officers and continuity of programs. The completed Checklist should be given to the incoming officer (and a copy to the Recording Secretary) by June 15.

### **OUTGOING OFFICER/COMMITTEE CHAIR**

NAME (Print)

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ADDRESS

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TELEPHONE

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EMAIL

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POSITION

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TERM

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CHAPTER/REGION

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### **INCOMING OFFICER/COMMITTEE CHAIR**

NAME (Print)

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ADDRESS

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TELEPHONE

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EMAIL

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POSITION

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TERM

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CHAPTER/REGION

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5. Are there any important dates and commitments made? Yes \_\_\_ No \_\_\_  
 If so, list the event, indicate if tentative (T)\* or firm (F)\*, list contact person (s) and telephone number(s) and include a copy of the contract if applicable:

| Event<br>(Tentative or Firm) | Date | Contact Person | Telephone # | Contract Attached |    |
|------------------------------|------|----------------|-------------|-------------------|----|
|                              |      |                |             | Yes               | No |
|                              |      |                |             |                   |    |
|                              |      |                |             |                   |    |
|                              |      |                |             |                   |    |
|                              |      |                |             |                   |    |
|                              |      |                |             |                   |    |

6. Have all requests for money been processed? Yes\_\_\_ No \_\_\_  
 List all outstanding bills and justification:

| Name     | Justification |
|----------|---------------|
| a. _____ | _____         |
| b. _____ | _____         |
| c. _____ | _____         |
| d. _____ | _____         |

7. Has equipment and supplies purchased by the Association for use by you in your capacity been transferred? Yes \_\_\_ No \_\_\_

| List of Equipment and Supplies | Approximate Date of Purchase | Condition | Transferred |
|--------------------------------|------------------------------|-----------|-------------|
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |
| _____                          | _____                        | _____     | Yes _ No _  |

(The above should be transferred to the newly elected/appointed officer)

8. Have all files and correspondence been turned over to the newly elected/appointed person assuming this position/office: Yes \_\_\_ No \_\_\_

List them:

- a.
- b.
- c.
- d.

9. Are copies of the budget and annual report for this office attached? Yes \_\_\_ No \_\_\_ If not, explain why:

10. Has the LOCNAA President transferred the following administrative documents:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <i>Policies &amp; Procedures Handbook</i>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Constitution &amp; Bylaws</i>             | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Affiliation Agreement</i>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Roberts Rules of Order, Newly Revised</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Most Recent Financial Audit</i>           | <input type="checkbox"/> | <input type="checkbox"/> |

11. Has the LOCNAA President transferred the ceremonial properties, i.e. gavel? Yes \_\_\_ No \_\_\_

If no, indicate the agreed upon date for the transfer:  
If yes, please list the properties transferred:

12. Have the bank card signatures been changed? Yes \_\_\_ No \_\_\_

If no, indicate the agreed upon date for the transfer:

13. Has the LOCNAA checkbook/credit card been turned over to the financial officer? Yes \_\_\_ No \_\_\_

If no, indicate the agreed upon date for the transfer:

14. Have the other properties been transferred, i.e. passwords, keys, etc.?

Yes \_ No \_

If no, indicate the agreed upon date for the transfer:

If yes, please list the properties transferred:

15. Recommendations/Suggestions/Comments/Remarks:

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## **SIGNATURES**

*Incoming Officer/Committee Chair*

*Outgoing Officer/Committee Chair*

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*Signature*

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*Signature*

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*Print Name*

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*Print Name*

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*Office/Position*

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*Office/Position*

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*Date*

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*Date*