

Unit Continuity Plan (uCP)

Office/Department Information			
Department/Office:			
Head of Office:			
Office Tel. No.:		Official Email Address:	
Emergency Contacts			
Name and Position	Home Address	Email Address	Cell Phone No.
Name and Position	Home Address	Email Address	Cell Phone No.

Emergency Internal Communication Plan
<p><i>[Describe how your organization will communicate with one another in the event of an emergency. Describe as well the organization's 'phone tree' if any and e-mail; instant messaging; web pages; telephones; among others.]</i></p>



Emergency External Communication Plan

[Describe how your department/office will communicate with external stakeholders (students, parents, regional agencies, LGUs, BLGUs) in the event of an emergency. Methods include e-mail; instant messaging; web pages; telephones; among others.]

CRITICAL OPERATIONS and READINESS PLAN

DEPARTMENT'S /OFFICE'S CRITICAL OPERATIONS (in order of importance)

Plans of your respective department or office shall be prepared with the goal of allowing the University's essential processes and functions to continue regardless of any disruptions on university operations, facilities and infrastructure services, or other sub-units. The Caraga State University's guiding principles and strategies (CHAMPS) are the following:

- Capitalize on the university's strengths and available resources.
- Heighten priorities on Health, Safety, and Well-being.
- Adopt relevant technologies in transitioning to new normal.
- Manage financial loss and establish rehabilitation and recovery plan.
- Promptly formulate responsive plans and policies.
- Synergize actions and initiatives.

Critical/Essential Operations	Responsible Person	Alternate Person	Continuity Action Plan (CAP)



DEPARTMENT'S /OFFICE'S READINESS CHECKLIST

[Identify those things that need to be done in order to ensure that communications plans will be effective and critical operations can continue.]

Required Actions	Responsible Person	Timeline	Plan and Method of Compliance

ESSENTIAL FACILITIES/SERVICES

[Specify services, either from internal or external providers, which are important to the continuation of critical processes and operations of your department or office.]

Essential Services Required to Maintain Critical Operations	Current Provider/Contractor Name, Address, and Phone	Alternate Provider/Contractor Name, Address, and Phone

Prepared by:	<div> </div> <div>Signature over Printed Name & Date Designation</div>		Reviewed by: <div>Signature over Printed Name & Date Designation</div>					
	Recommending Approval	<div> </div> <div>Signature over Printed Name & Date Designation</div>		<u>Revision History:</u> <table> <tr> <th>Revision</th><th>Date of Revision</th></tr> <tr> <td> </td><td> </td></tr> </table>		Revision	Date of Revision	
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