



POSITION KNOWLEDGE INVENTORY

Syracuse University

Environmental Finance Center

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ABOUT

This **Position Knowledge Inventory** was developed by the Syracuse University Environmental Finance Center (SU-EFC) in collaboration with the NYS Tug Hill Commission and the Northern Oneida County Council of Governments (NOCCOG).

When employees leave their positions, they take with them all of the experience and knowledge that may have been essential to the work they did, and critical to your organization, community, and current and future employees. If that knowledge is lost, it can undermine organizational capacity, and cause disruptions in services and performance. This document was developed to help municipalities and other organizations retain critical organizational knowledge and expertise in order to ensure continuity of service long after positions change.

Located at the Syracuse University Center for Sustainable Community Solutions (CSCS), SU-EFC enhances the administrative and financial capacities of state and local government officials, nonprofit organizations, and private sectors to make change toward improved environmental infrastructure and quality of life.

SU-EFC facilitates the development of sustainable and resilient communities throughout US EPA Region 2 (New Jersey, New York, Puerto Rico, the US Virgin Islands, and eight tribal nations), across the US, and internationally.



Position Knowledge Inventory

Name: _____
Job Title: _____
Community/Organization/Department: _____
Years in your current position: _____
Years since you first started in your community/organization/ department: _____

Step 1: Organizational Goals

The purpose of this Inventory is to get an idea of the knowledge and responsibilities required to fulfill your current job position. Before we get to your specific knowledge, it's important to think about your organization's mission or goals so that the community can continue receiving all the services your job provides long after you leave that position.

Attach a copy of your community, organization, or department's overall mission, vision, and/or goals. Highlight the sections of these organizational documents to which you have contributed during your tenure.

Expand on the previous task by explaining in detail how your position helps your community, organization, or department achieve their mission or goals. In what ways does your job help carry out the mission?

Step 2: Critical Roles and Activities

There are probably some aspects of your work that only you know how to address. In this step you are developing a list of those tasks and activities. Use questions below to help guide you in creating your list.

What are you the "go to" person for in your current position? What things in your position do only you know how to do? What responsibilities does your office rely on you for?

If you are a supervisor, who reports to you and how often do you meet with them? Who counts on you to accomplish their own responsibilities? Are there other people outside of your official supervisory role who also tend to come to you for help because of your experience?

If you left your position today, what wouldn't get done because no one else knows how to do it?

When you return from vacation or otherwise being away from work, what work is usually waiting for you because no one else knows how to do it? When you're not working, is there anything you worry won't be done well while you're gone? If so, what?

What information or experience would someone need to have in order to carry out your main responsibilities? Focus especially on things only you know and that others need to learn.

Is this knowledge and expertise currently available and accessible from anyone else in your work area? If so, who? If not, who might be the ideal person to take on those responsibilities?

Step 3: Position Knowledge and Experience

Now that you have identified aspects of your work that only you know how to address, use the questions below to start thinking about other knowledge and experience required for fulfill your job responsibilities.

Do you have a list of physical assets that are ‘assigned’ to you, or that you use exclusively? Examples would include a computer, vehicle, software programs, files, or other equipment or documents.

Yes No

If Yes, do these assets require Usernames/Passwords/keys?

If Yes, would someone be able to find them if you were absent?

If Yes, are there any other physical assets assigned to you that you did not mention above (e.g. Equipment)?

Yes No

If Yes, what are those physical assets?

Do any of the assets you mentioned above come with a written Manual/Instructions?

Yes No Not sure

If Yes, are the instructions helpful or would you add to them? Please mention which asset(s) they are for.

Does your position depend on communication with any key contacts (internal or external)? Examples would include vendors, contractors, city/county staff, or employees at other departments.

Yes No

If Yes, do those contacts include external agencies or regulatory groups (e.g. City/State/Federal)?

Yes No

If Yes, do you maintain a list of these contacts, and if so where would someone be able to locate it?

Yes No _____

Does your position require regular meetings with any working groups or committees?

Yes No

If Yes, please complete the table below:

Committee/ Working Group	Responsibilities	How often do you meet?	Main Contact

Does your position require you to frequently visit any key locations (training rooms, offices, etc.)?

Yes No

If Yes, do you maintain a list of these locations, and if so where would someone be able to locate it?

Yes No _____

Are you responsible for managing financial or budgetary documents as part of your job?

Yes No

If Yes, which documents are you in charge of? Are they also managed by other people or do you have sole responsibility for each of them?

Are there other critical or historic files that one must know about or use in your position?

Yes No Not sure

If Yes, what historic or critical files are required for your position?

If Yes, do you know where one would access these files?

Yes No

Is there other information not requested on this form that you feel it would be helpful for us to know? If Yes, please provide.

Step 4: Sign and Save

Thank you for completing this position knowledge inventory. Please sign and date this form below and return it to the person who requested you fill it out. Any information you provided will be saved in a secure physical location. A digital copy will also be saved to the cloud, in the event the physical copy gets lost.

If you have any further questions or comments on this inventory you would like to share, please contact:

Name: _____

Phone: _____

Email: _____

Signature: _____ **Date:** _____