



Business Process/Function Recovery Completion Form

The following transition form should be completed and signed by the business recovery team leader and the responsible business unit leader, for each process recovered.

A separate form should be used for each recovered business process.

Name Of Business Process	
Completion Date of Work Provided by Business Recovery Team	
Date of Transition Back to Business Unit Management <i>(If different than completion date)</i>	
<p>I confirm that the work of the business recovery team has been completed in accordance with the disaster recovery plan for the above process, and that normal business operations have been effectively restored.</p> <p>Business Recovery Team Leader Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p><i>(Any relevant comments by the BRT leader in connection with the return of this business process should be made here.)</i></p>	
<p>I confirm that the above business process is now acceptable for normal working conditions.</p> <p>Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	