

Name:

Dept:

Role:

**Within my team or department**

Sr. No.	People in my team /department that I need to regularly follow up with	Most common topics of follow up	Avg. No. of follow ups per week
1			
2			
3			
4			
5			

**With Other Departments**

Sr. No.	People in other departments that I need to regularly follow up with	Most common topics of follow up	Avg. No. of follow ups per week
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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**Outside Organizations ( Customers, Vendors, Service Providers, Collaborators, etc.)**

Sr. No.	People in other departments that I need to regularly follow up with	Most common topics of follow up	Avg. No. of follow ups per week
1			
2			
3			
4			
5			
6			
7			
8			

9			
10			

























**You are declaring this person  
NFR ( NO Follow up  
Required)YES / NO**


**You are declaring this person  
NFR ( NO Follow up  
Required)YES / NO**

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<b>You are declaring this person NFR ( NO Follow up Required)YES / NO</b>

