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**Continuity of Operations Dependency Form:**

It is crucial to make contact with all dependencies that your department relies on in order to perform essential functions in the event of an emergency. What are your department’s business dependencies whether internal or external? What do you need from that dependency in order to perform essential functions? Complete one form for each dependency.

Department:

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|  |

Type of Dependency:

\_\_\_ Internal (Syracuse University department provided service)

\_\_\_ External (External partner or contractor provides service)

Dependency (Product/service):

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|  |

Provider:

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|  |

Dependency Contact Name:

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|  |

Dependency Contact Number:

|  |
| --- |
|  |

Has contact been made with dependency department/contractor to confirm services will be available for your department during an emergency?

\_\_\_ Yes

\_\_\_ No

Date contact was made with dependency:

|  |
| --- |
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