



## Gender Transition in the Workplace

### Workplace Transition Plan

This document provides human resources (HR) professionals with a roadmap and framework to support an individual's transition in the workplace.

### Employee Information

Chosen name:	Gender pronouns:
Job title:	Job class:
DSW number:	Department:
Division/Unit:	Supervisor:
Manager:	Dept. HR person:

### Communications Plan

Only pertinent information, such as the individual's chosen name and pronoun, will be communicated with others as part of this plan.

<b>Who will communicate the individual's transition:</b>								
<b>What information will be communicated:</b> <input type="checkbox"/> Chosen name (if different from before) <input type="checkbox"/> Gender pronouns (if different from before) <input type="checkbox"/> Other information, to be decided by the transitioning individual:								
<b>Who will be told about the transition:</b> <input type="checkbox"/> No one <input type="checkbox"/> Direct supervisor <input type="checkbox"/> Immediate co-workers in division/unit <input type="checkbox"/> Co-workers in department <input type="checkbox"/> Group selected by transitioning individual <input type="checkbox"/> Co-workers outside department (e.g. vendors and contractors)								
<b>How will they communicate the transition:</b>								
<b>If individual selects a group:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Job title:</td> </tr> <tr> <td>Name:</td> <td>Job title:</td> </tr> <tr> <td>Name:</td> <td>Job title:</td> </tr> <tr> <td>Name:</td> <td>Job title:</td> </tr> </table> <p style="text-align: center;"><i>(Repeat on separate paper if needed)</i></p>	Name:	Job title:	Name:	Job title:	Name:	Job title:	Name:	Job title:
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## Timeline

The dates in this timeline will remain flexible based on the transitioning individual's expectations and comfort level.

Projected timeline	Desired date		Actual date of completion
Notify supervisor and/or HR person about transition			
HR professional and transitioning individual meet <ul style="list-style-type: none"> <li>HR professional complete this workplace transition plan</li> </ul>			
Communication of transition to co-workers and/or others, per communication plan			
Individual's transition in the workplace begins <ul style="list-style-type: none"> <li>Required action items on HR professional's checklist must be completed by this date</li> </ul>			
Required actions	Estimated time to complete	Actual date of completion	Supporting department
<input type="checkbox"/> Provide transitioning individual with copies of the Gender Inclusion Policy Guidelines for the Transitioning Individual, Guidelines for HR and Management --All available on DHR website--			
<input type="checkbox"/> Create new City ID badge as needed			Department of Human Resources (DHR)
<input type="checkbox"/> Update staff directory as needed			
<input type="checkbox"/> Conduct search of all web and intranet sites to ensure they reflect Individual's chosen name and gender			Department of Technology (DT) and Departmental IT
<input type="checkbox"/> Update individual's email account and computer username			Department of Technology (DT) and Departmental IT
<input type="checkbox"/> Update individual's phone line and name in phone directory			Department of Technology (DT)
<input type="checkbox"/> Update individual's People and Pay information			Department of Technology (DT) and Departmental IT
<input type="checkbox"/> Replace name plate (if applicable)			
<input type="checkbox"/> Replace photos on display (if applicable)			
<input type="checkbox"/> Provide new W-4 form (if applicable)			See Department SOP
<input type="checkbox"/> Order business cards (if applicable)			
<input type="checkbox"/> Update parking or bicycle pass (if applicable)			Department of Real Estate

## Agreement and Approval

Transitioning Individual	
I have collaborated with my HR representative to create this workplace transition plan. I understand its terms and acknowledge that dates will remain flexible.	
Full Name:	
Signature:	Date:
HR Professional	
I have collaborated with the individual above to create this workplace transition plan. I understand its terms and the tasks I must implement according to deadline.	
Full Name:	
Signature:	Date:
Supervisor	
I have reviewed this workplace transition plan. I understand and agree to its terms and deadlines.	
Full Name:	
Signature:	Date:

cc: Transitioning individual's confidential file