

# Gender Transition in the Workplace

## WORKPLACE TRANSITION PLAN

Only the transitioning employee should initiate this plan.

This document can help the employee if they decide to engage with their human resources professionals and supervisor to develop a plan that supports the transition of their name and/or pronouns in the workplace.

### Employee Information

Lived Name: \_\_\_\_\_

Gender pronouns: \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Unit: \_\_\_\_\_

### Communications Plan

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

Who will communicate the individual's transition: \_\_\_\_\_

What information will be communicated:

Lived name

Gender pronouns

Other information, to be decided by the transitioning individual: \_\_\_\_\_

How will they communicate the transition: \_\_\_\_\_

Who will be told about the transition:

No one

Direct supervisor

Immediate co-workers in division/unit

Co-workers in department

Group selected by transitioning individual

Co-workers outside department (vendors and contractors)

## TIMELINE

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

Projected timeline	Desired date	Completed
Notify supervisor and/or HR professional about transition		
HR professional and transitioning individual meet > HR professional complete this workplace transition plan		
Communication of transition to co-workers and/or others, per communication plan		
Social Transition Begins > Required action items on HR professional's checklist must be completed by this date		

Required actions	Estimated time to complete	Completed	Supporting department
Provide transitioning individual with copies of the Gender Inclusion Policy Guidelines for the Transitioning Individual, Guidelines for HR and Management			
Create new ID badge/card as needed			Badging Department/ ID card department
Update staff directory as needed			
Conduct search of all web and intranet sites to ensure they reflect Individual's lived name and gender identity			Information Technology
Update individual's email account and computer username (if applicable)			Information Technology
Update individual's phone line and name in phone directory			Information Technology
Replace name plate (if applicable)			
Replace photos on display (if applicable)			
Provide new W-4 form (if applicable)			Service Channel
Order business cards (if applicable)			
Update parking or bicycle pass (if applicable)			

## TRANSITION SUPPORT

The transitioning employee has requested the support of the following individuals in realizing this plan.

### Human resources liaison

Name: \_\_\_\_\_

### Supervisor

Name: \_\_\_\_\_

### Manager

Name: \_\_\_\_\_

### Other(s):

**This document is NOT to be retained in the employee's personnel file.**