

G-24: Confidential Workplace Transition Plan



EMPLOYEE INFORMATION

Department: _____ Meeting Date: _____
Preferred Name: _____ Preferred Pronouns: _____
Name on Birth Certificate: _____ Sex Assigned at Birth: _____
Date of Birth: _____ Supervisor: _____
Meeting Participants: _____

TRANSITION PLANNING STEPS

1. A transitioning employee who is interested in developing a workplace transition plan should contact their supervisor or the district's compliance officer.
2. The supervisor or district's compliance officer provides the transitioning employee with a copy of Board Policy G-24: Gender Inclusion and its accompanying administrative procedures; Board Policy G-19: Discrimination, Harassment, and Retaliation Prohibited, and its accompanying administrative procedures; and Board Policy G-20: Bullying, Cyberbullying, Hazing, and Abusive Conduct Prohibited, and its accompanying administrative procedures.
3. The following form will be completed by the supervisor or compliance officer, using information provided by the transitioning employee.
4. For questions about insurance coverage and/or the district's Employee Assistance Program, the transitioning employee should contact Human Resource Services ("HRS").

MEDICAL NECESSITIES

If the transitioning employee will require time off and/or medical accommodations, the supervisor or compliance officer will set an appointment for the employee with the HRS FMLA/ADA Specialist.

PRIVACY: CONFIDENTIALITY AND DISCLOSURE

How public or private will information about this employee's gender identity be (check all that apply)?

- District staff will be aware (Superintendent, HRS, etc.). Specify the individuals who will be informed.

- Site level administrators/supervisors will be aware. Specify the individuals who will be informed.

- Coworkers and/or other staff will be aware. Specify the individuals who will be informed.

- Employee will not be openly "out," but some coworkers are aware of the employee's gender identity. Specify the individuals who are aware.

- Employee is open with others about gender identity.
- Other – describe: _____

What actions should be taken if the degree of privacy requested is believed to have been compromised or breached?

How will any supervisor or coworker who is aware of the employee's gender identity respond to questions regarding the employee's identity? _____

COMMUNICATION PLAN

The communication plan will outline what and how information should be shared with supervisors, coworkers, and/or school community members. This part of the plan should be as basic as possible, yet sufficiently comprehensive to address the needs of management, the transitioning employee, and coworkers. The plan should be created with the comfort of the transitioning employee at the forefront, and should be prepared with the intent of dispelling rumors, promoting open viewpoints, and clarifying misinformation, with the end goal of garnering a better understanding of potential workplace issues.

The following specifics should be addressed:

1. Does the transitioning employee have a target date for when their transition will formally or officially occur, i.e. the first day of the change of the gender presentation, pronoun usage, and name? (Recognize that the date of the transition will be driven primarily by the individual's situation and concerns.) Yes/No
2. Does the transitioning employee wish to inform certain individuals prior to the transition date? Yes/No
3. How and when will the transitioning employee's workgroup be informed of the change? _____
4. What information will be shared in the communication or at the meeting between employees and the supervisor? _____
5. Will an educational workshop (i.e. Transgender 101) be offered to coworkers? Yes/No
6. Will a non-discrimination training be provided to the department? Yes/No
7. Has the supervisor created a statement of support, including an expectation that all coworkers use the transitioning employee's preferred name and pronouns, that the transitioning employee should be treated with respect, and that work will continue as before? Yes/No
8. Will coworkers be provided an opportunity to ask questions? Yes/No

EMPLOYEE SAFETY PLAN

Name of the administrator who will oversee this plan: _____

Name(s) of the employee's "go to individual(s)": _____

If these individuals are not available, what steps should the employee take if they feel unsafe in the workplace?

Periodic check in plan: _____

Other safety concerns: _____

PRIVACY: NAMES, PRONOUNS AND EMPLOYMENT RECORDS

Did the employee request that preferred name and/or pronouns be entered into district employment software and used on district documents? Yes/No

Employee's preferred name and/or pronouns entered into Business Plus on: _____ By: _____

Employee's preferred name and/or pronouns entered into Kronos on: _____ By: _____

Employee was provided with an updated district identification badge on: _____ By: _____

Employee's information was updated in by IT on all relevant systems on: _____ By: _____

List documents that will include employee's preferred name/pronouns: _____

List documents/situations that will use the employees's name as listed on their birth certificate:

Employee was informed of the above lists on: _____ By: _____

Administrator(s) who will be responsible to ensure the preferred name and pronouns are used appropriately on district/department documentation: _____

(Consider the following: identification badge, nameplate on door/cubicle/uniform, organization charts, mailing lists, login/IT/email, personnel documentation, payroll information, insurance information, newsletters/mail, state reporting, board agendas, district/school/department websites, etc.)

The following plan will be in place for instances in which a coworker refuses to use the employee's preferred name and/or pronouns: _____

If a student refuses: _____

Are there other situations in which the employee's privacy may be compromised? Yes/No

If yes, how will these situations be handled? _____

*Note: For each of these items, a plan should be in place so that the transitioning employee will be provided with a new photograph, ID, email address, etc. on the target date.

USE OF FACILITIES

Employee will use the following bathroom(s): _____

Employee will use the following locker room(s) (if applicable): _____

If the employee requests additional privacy in restrooms or locker rooms, the following plan will be in place:

If the employee has questions/concerns about facility use, they should contact: _____

OTHER CONSIDERATIONS

Are there any dynamics with other coworkers/staff members that should be discussed or considered? Yes/No

If so, how will they be handled? _____

Does the department have plans for training(s) that will build capacity for working with gender-expansive employees? Yes/No

Does the department have a plan for creating a more gender inclusive environment for all employees? Yes/No

Have these trainings/plans been discussed with the transitioning employee? Yes/No

EXPECTATIONS OF THE TRANSITIONING EMPLOYEE

List the process for the transitioning employee to follow as they transition (i.e. who to contact for questions or concerns, behavioral expectations, reporting issues, etc.):

FOLLOW-UP: SUPPORT PLAN REVIEW AND/OR REVISION

List any specific follow-ups or action items necessary for this plan to take effect on the target date, the person responsible, and a required completion date. Date and initial when the item is completed.

Action Item:	Who:	By Date:	Completed Date:	Initials:

Who should the employee contact to make revisions to this plan? _____

Notes: _____

Follow-up meetings:

Date/time of next meeting: _____ Location: _____

Date/time of next meeting: _____ Location: _____

Date/time of next meeting: _____ Location: _____

Date/time of next meeting: _____ Location: _____

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United State Codes, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Tina Hatch, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.