

G-24: Confidential Workplace Transition Plan



TRANSITION PLANNING STEPS

1. A transitioning employee who is interested in developing a workplace transition plan ("Plan") should contact the department supervisor or the district's compliance officer ("Administrator" refers to either the supervisor or the district's compliance officer, whomever is assisting the employee in creating the Plan).
2. The Administrator 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, Sexual 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 Administrator, 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").

WHEN CREATING A PLAN, THE ADMINISTRATOR WILL DISCUSS THE TOPICS IN EACH OF THE SECTIONS BELOW WITH THE EMPLOYEE. IT IS IMPERATIVE THAT THE ADMINISTRATOR CLEARLY EXPLAIN THAT THIS FORM IS MEANT TO SUPPORT THE EMPLOYEE IN THE SITUATIONS OUTLINED BELOW, BUT IT IS IMPOSSIBLE FOR THE ADMINISTRATOR TO INCLUDE ABSOLUTELY EVERY EVENTUALITY AND THAT COMPLETE CONFIDENTIALITY/PRIVACY CANNOT BE GUARANTEED.

EMPLOYEE INFORMATION

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

MEDICAL NECESSITIES

If the transitioning employee will require time off and/or medical accommodations, the Administrator will assist the employee in setting an appointment with the HRS FMLA/ADA Specialist.

PRIVACY: CONFIDENTIALITY AND DISCLOSURE

In order to protect the employee's privacy to the greatest extent possible, certain individuals at the employee's work site **MUST** be aware of the employee's status (for example, the supervisor, administrative assistant/payroll clerk, etc.).

The Administrator will inform the employee that the following individuals at the work site **MUST** be informed of the employee's transition (include names, titles, roles/reasons): _____

The Administrator provided appropriate information to the individuals on the **MUST** know list on: **Date:** _____

The Administrator will inform the employee that in addition to the need-to-know list above, certain individuals at the district level will be made aware, as necessary. These individuals may include the Chief Information Officer or designee; the appropriate director of HRS; the compliance officer/Title IX coordinator; and any other district administrator with a legitimate need to know.

The Administrator informed the appropriate district level individuals on: **Date:** _____

The Administrator will ask how public the employee's transition will be and will create a list of other employees to whom the employee has requested the Administrator disclose the employee's status (this might include team leads, schedulers, direct reports, etc.):

The Administrator has notified the individuals listed above. **Date:** _____

Nothing in this Plan will prevent the employee from determining who should be informed of the employee's transition and/or making such a disclosure to those individuals.

COMMUNICATION PLAN

The Administrator will discuss what and how information should be shared with supervisors, coworkers, and/or school community members, using the employee's comfort level as a guide. This communication plan should be as basic as possible, yet sufficiently comprehensive to address the needs of management, the transitioning employee, and coworkers. The goal of the communication plan should be to dispel rumors, promote open viewpoints, and clarify misinformation, with the end goal of garnering a better understanding of potential workplace issues.

The following specifics should be addressed:

1. The employee's target date for the formal/official transition, i.e., the first day of the change of gender presentation, pronoun usage, and name. (Recognize that the date of the transition will be driven primarily by the employee's situation and concerns.) **Date:** _____
2. If the employee would like the Administrator to communicate this transition information to others in the department/school, the information to be shared will be clearly identified by the employee, in writing, and will be shared in the following manner (i.e., during a departmental meeting, via email, etc.):

3. The terms/language that the employee would like the Administrator to share in communications with the school/department (i.e., transgender, non-binary, chosen name, appropriate pronouns, etc.):

4. Does the employee wish to participate in a departmental non-discrimination training? **Yes/No** If yes, when will the training take place? **Date:** _____
5. Is the employee comfortable answering appropriate questions from coworkers about gender identity or transitioning? **Yes/No** If no, how will the Administrator inform coworkers not to approach the transitioning employee with these questions? _____

EMPLOYEE SAFETY PLAN

The Administrator will ask if the employee feels safe in the work environment. If the employee does not feel safe or there have been harassment and/or bullying issues, a safety plan may be developed.

The Administrator will inform the employee of steps to take if discrimination/harassment/bullying occurs due to the employee's sexual orientation and/or gender identity (G-19 & G-20). The Administrator will notify the district's Title IX Coordinator if the employee reports such incidents.

Has a safety plan been requested? **Yes/No**

If yes, a copy of the safety plan has been attached to this form and was provided to the employee by the Administrator on **Date:** _____

PRIVACY: NAMES, PRONOUNS AND EMPLOYMENT RECORDS

The Administrator will explain the difference between requesting a **chosen** name/gender change and requesting a **legal** name/gender change in the district's employment software. The Administrator will provide examples of which documents may include the employee's chosen name/gender and which must use the employee's legal (birth certificate) name/gender. The list of documents which may include a chosen name will vary by position and/or department. *(The following documents/reporting/situations should be included in this discussion, but this list is not all inclusive: 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.)*

Chosen Identifiers:

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

If yes, the employee's chosen name and/or appropriate pronouns were entered into Business Plus on:

Date: _____ **By:** _____

If yes, the employee's chosen name and/or appropriate pronouns were entered into Kronos on:

Date: _____ **By:** _____

The employee was provided with an updated district identification badge on: **Date:** _____

By: _____

The employee's information was updated by IT on all relevant systems on: **Date:** _____

By: _____

List department/school specific documents that will include the employee's chosen name/pronouns:

Department/school documents were updated on: **Date:** _____ **By:** _____

Legal:

The employee is requesting a **legal name and/or gender** change through the courts.

The projected date for this request is: **Date:** _____

OR

The employee has been granted a **legal name and/or gender** change.

The employee provided legal documentation (including a new birth certificate and social security card) related to the change of name and/or gender to HRS on **Date:** _____

The employee's **legal name and/or gender** was changed in BusinessPlus on: **Date:** _____

By: _____

The employee's **legal name and/or gender** was changed in Kronos on: **Date:** _____

By: _____

The employee's **legal name and/or gender** information was updated for all relevant software programs on:

Date: _____ **By:** _____

USE OF FACILITIES

The Administrator will explain that the employee will not be required to use a restroom or locker room that conflicts with the employee's gender identity and will discuss the accommodation options available in order to maintain the employee's privacy.

The employee will use the following restroom(s): _____

If applicable, the employee will use the following locker room(s): _____

Has the employee requested accommodations for additional privacy in restrooms or locker rooms? **Yes/No**

If yes, the following accommodations have been granted: _____

For questions/concerns about facility use the employee should contact **Name:** _____

OTHER CONSIDERATIONS

The Administrator will ask if the employee has any other concerns.

Describe the concerns, if any: _____

EXPECTATIONS OF THE TRANSITIONING EMPLOYEE

The Administrator will discuss appropriate steps to take if the employee's private information becomes public or has been inappropriately shared or if another individual mis-names, mis-genders, or targets the employee due to the employee's gender identity. This shall include the initial step of contacting the Administrator to report the breach of confidentiality or the inappropriate behavior. The Administrator will provide contact information for an alternate individual to contact in the event that the Administrator is unreachable. The alternate individual's information is: **Name:** _____ at **Phone:** _____ or **Email:** _____

The Administrator provided the contact information to the employee on: **Date:** _____

FOLLOW UP

List any specific follow-up 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:

The Administrator will inform the employee that the Administrator should be contacted if it is necessary to make revisions to this plan.

Additional notes: _____

This Plan should be reviewed annually (usually at the beginning of the school or calendar year) and/or when new concerns arise. More comprehensive changes should be made if an employee moves to another department/school.

THIS FORM MUST BE STORED IN A SECURE LOCATION, NOT IN THE EMPLOYEE'S PERSONNEL FILE.

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, sex, 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/Title IX Coordinator, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) _____