

Delaware Department
of Human Resources



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Human Resources

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

Preferred name:	Gender pronouns:
Job title:	Job class:
Agency:	Department:
Division/Unit:	Supervisor:
Manager:	Dept. HR person:

Communications Plan

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

Who will communicate the employee's transition (The Employee, Manager, Supervisor, HR Representative) :
What information will be communicated: <input type="checkbox"/> Preferred 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:
Who will be told about the transition: <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/agency <input type="checkbox"/> Group selected by transitioning individual <input type="checkbox"/> Co-workers outside department (e.g. vendors and contractors)
Method of Communicating the Transition (In writing-email, In-person-at meeting, In-person-to individual co-workers, Does not wish to communicate transition to co-workers, Other - to be discussed):

If individual selects a group:

Name:	Job title:
Name:	Job title:
Name:	Job title:
Name:	Job title:

(Repeat on separate paper if needed)

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 professional about transition			
Supervisor and transitioning employee meet <ul style="list-style-type: none"> Supervisor completes this workplace transition plan 			
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"> Required action items on HR professional’s checklist must be completed by this date 			
Required actions	Estimated date of completion	Actual date of completion	Person Responsible for Task
<input type="checkbox"/> Provide transitioning individual with copies of the Gender Identity Policy and Procedure , Supporting Transgender Individuals in the Workplace-Guidance for Transgender Employees , Respectful Workplace and Anti-Discrimination Policy , and Standards of Conduct Policy and Procedure			
<input type="checkbox"/> Make preferred or legal name changes in PHRST by using the Preferred First Name Operating Procedure			
<input type="checkbox"/> Create new security badge (Preferred names can be requested for those agencies where the vendor can issue building security access cards with preferred name. Preferred names may be used unless prohibited due to security policies.)			
<input type="checkbox"/> Update Employee Personal Information form			
<input type="checkbox"/> Update staff directory as needed			
<input type="checkbox"/> Conduct search of all web and intranet sites to ensure they reflect employee’s chosen name and gender			
<input type="checkbox"/> Update individual’s email account and computer username (Submit a ServiceNow ticket to DTI to request changes to State email address)			

indicating a preferred name is requested and approved.)			
<input type="checkbox"/> Update individual's phone line and name in phone directory			
<input type="checkbox"/> Update Fleet form			
<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)			
<input type="checkbox"/> Order business cards (if applicable)			

Agreement and Approval

Transitioning Employee		
I have collaborated with my supervisor to create this workplace transition plan. I understand its terms and acknowledge dates will remain flexible.		
Full Name:		
Signature:	Date:	
Supervisor		
I have collaborated with the employee above to create this workplace transition plan. I understand its terms and the tasks I must implement.		
Full Name:		
Signature:	Date:	
HR Professional		
I have reviewed this workplace transition plan.		
Full Name:		
Signature:	Date:	