



TRANSGENDER EMPLOYEE TRANSITION GUIDELINES

*These guidelines are to be used to facilitate the transition process in the workplace. Management/HR should discuss these topics with the transitioning employee and come to agreements on as many aspects of the transition process as possible. Agreements may be changed at any time depending on needs and circumstances. **This document is designed to be flexible.***

As an employee of Sheppard Pratt Health System, you are covered under Sheppard Pratt Health System’s equal opportunity and non-discrimination policy. If you feel that you are being discriminated against, please contact Human Resources-Division of Employee Relations immediately.

Item	Agreement	Initials	Notes & Updates <i>Complete this section with details or changes as they arise. Updates should be initialed and dated.</i>
Name Change. If the employee intends to change their name as part of the transition, please identify the new name.	The employee’s name will change to _____ [provide new name]. HR will make necessary changes in HR systems as soon as administratively feasible.	Employee: _____ HR/Mgmt: _____	<i>*Need legal proof of name change for some legal documents. (Example: payroll, W-4, and W-2).</i>
Other Personnel Changes. This can include personnel file and email addresses.	HR will make necessary changes in HR systems as soon as administratively feasible.	Employee: _____ HR/Mgmt: _____	
Preferred Pronoun Usage. Please select preferred pronoun.	He She They Other: Please specify: _____	Employee: _____ HR/Mgmt: _____	
Transition Reveal Date. We understand the transition process is long, but please identify a transition reveal date.	Transition will be revealed on _____ Other (if employee does not wish to select date)	Employee: _____ HR/Mgmt: _____	
Announcement of Transition. The following details the specifics of the announcement of the transition. (Discuss the scope of the individuals to be notified).	The transition will be communicated to colleagues by _____ [identify how message will be conveyed (email, meeting, memo, etc.)]	Employee: _____ HR/Mgmt: _____	

	<p>The employee will be involved in the communication by _____ [identify how the employee will be involved with the communication].</p> <p>The transition will be communicated to clientele by _____ [identify whether this is necessary and how it will be conveyed].</p>		
Bathroom Usage.	The employee will use the _____ [identify] restroom beginning _____ [Date].	Employee: _____ HR/Mgmt: _____	
Locker room/Changing room Usage.	If applicable: the employee will use the [identify] locker room beginning _____ [Date].	Employee: _____ HR/Mgmt: _____	
Appearance Standards/Dress Policy. Address any specific changes, if applicable.	The employee will follow the appearance standards/dress policy as follows. [describe]	Employee: _____ HR/Mgmt: _____	
Other. Additional topics raised by the employee.		Employee: _____ HR/Mgmt: _____	

Employee _____ [name] and representative for Sheppard Pratt Health System _____ [name] state that on _____ [date] these Transition Guidelines were completed. Both Employee and SPHS understand that these guidelines are flexible and if need to be updated, they will be. Any updates will be reflected in the "Notes and Updates" boxes along with initials of participating parties and the date was discussed and agreed upon.

Both Employee and SPHS agree to adhere to these guidelines to the extent that the agreement is beneficial to both parties.

_____ Employee Signature

_____ SPHS Representative Signature

_____ Date

_____ Date