**GENDER TRANSITION PLAN**

The City of Colorado Springs ("the City") complies with Title VII of the Civil Rights Act of 1964, the Colorado Civil Rights Act, and all applicable state and local fair employment practices laws. The City is committed to providing equal employment opportunities to all individuals, regardless of their sex, sexual orientation, gender identity, and/or gender expression. All City employees may express their gender identity, in conformity with professional expectations, without fear of consequences.

The City's Gender Transition Guidelines set forth guidelines to address the specific needs of transgender and gender non-conforming employees. This Gender Transition Plan is a supplement to the Gender Transition Guidelines and lists the steps to be taken when an employee transitions their presentation of gender at work.

The Gender Transition Plan should be individually tailored for the transitioning employee. The steps listed below are only taken when agreed to and with the consent of the transitioning employee. These steps may be completed in total or in part depending on the needs of the employee.

**Identification of Roles:**

Transitioning employee: _____

Transition Coordinator or Human Resources Business Partner (HRBP): _____

_____

Support Team (*The persons identified below are suggestions only. Specific participants should be invited to join the support team and named below. The Transition Coordinator or HRBP should assist in identifying and requesting participation if requested by transitioning employee)*:

- [TRANSITIONING EMPLOYEE'S] supervisor.
- [TRANSITIONING EMPLOYEE'S] second-level manager/department head/other City leadership.
- [CO-WORKER].
- [RELEVANT CUSTOMER].
- [FRIEND/FAMILY MEMBER(S)].
- [Local expert[s] on transgender issues.]

**Possible Steps Before the Transition Begins:**

1. [TRANSITION COORDINATOR or HRBP] and [TRANSITIONING EMPLOYEE] meet with [EMPLOYEE'S IMMEDIATE SUPERVISOR/MANAGER], to share the employee's intent to transition [if employee has not already done so].
2. [TRANSITION COORDINATOR or HRBP] and [IMMEDIATE SUPERVISOR/MANAGER] meet with [APPROPRIATE SENIOR LEADERSHIP] to inform and involve them appropriately in the announcement of the transition.

3. [TRANSITION COORDINATOR or HRBP] and [TRANSITIONING EMPLOYEE] discuss what information [TRANSITIONING EMPLOYEE] wishes to keep confidential. [Confidential information is listed at the end of this document and can be modified at any time.] [TRANSITIONING EMPLOYEE] is responsible for clearly communicating [her/his/their] wishes about information to be kept confidential to [TRANSITION COORDINATOR].
4. [TRANSITION COORDINATOR or HRBP] and [TRANSITIONING EMPLOYEE] discuss the list of individuals who should be informed of [TRANSITIONING EMPLOYEE]'s transition. These individuals may include:
    a. Employees in [TRANSITIONING EMPLOYEE]'s [department/workgroup].
    b. [Employees in [OTHER DEPARTMENTS OR WORKGROUPS OUTSIDE TRANSITIONING EMPLOYEE'S IMMEDIATE DEPARTMENT/WORKGROUP].]
    c. [Customers/clients/vendors that [TRANSITIONING EMPLOYEE] deals with as part of [her/his] job.]
    d. [OTHER INDIVIDUALS TRANSITIONING EMPLOYEE INTERACTS WITH ON THE JOB.]
5. [TRANSITION COORDINATOR or HRBP] and [TRANSITIONING EMPLOYEE] will discuss [her/his/their] transition plan and:
    a. Schedule and/or discuss the schedule of any [medical leave/personal leave/paid time off] for transition-related appointments.
    b. [Whether/when] [TRANSITIONING EMPLOYEE] plans to legally change [her/his/their] name [and sex designation].
6. [OTHER TRANSITION-RELATED STEPS EMPLOYEE CHOOSES TO DISCUSS.]

**Possible Steps During the Transition:**

1. [TRANSITIONING EMPLOYEE] will take leave from [DATE] to [DATE] for transition-related treatment.]
2. By [DATE], [TRANSITIONING EMPLOYEE] will take appropriate steps to legally change [her/his/their] name [and sex designation] on identity documents, including [her/his/their]:
    a. [Social Security card.]
    b. [Driver's license.]
    c. [Professional licenses.]
    d. [Passport.]
    e. [OTHER APPLICABLE IDENTITY DOCUMENTS.]
3. On [DATE], Human Resources will conduct an educational workshop for employees about transgender issues and how to foster a respectful and inclusive workplace environment for all employees. [All employees in [DEPARTMENT OR GROUP]] will be required to attend.

[[TRANSITIONING EMPLOYEE] [will/will not] attend this workshop.]

4. [TRANSITIONING EMPLOYEE] prefers not to request training specifically on transgender issues and/or [TRANSITIONING EMPLOYEE] and [TRANSITION COORDINATOR or HRBP] will reassess the need for training for employees after [NUMBER OF DAYS/WEEKS/MONTHS.]

5. On [DATE], [TRANSITIONING EMPLOYEE]'s [colleagues/department/work group/clients/customers/vendors/OTHER INDIVIDUALS IN LIST TO BE INFORMED] will be informed of the workplace transition [SPECIFY METHOD OF COMMUNICATING ANNOUNCEMENT]. [TRANSITIONING EMPLOYEE] [will/will not] be present for this announcement.] [TRANSITIONING EMPLOYEE] may discuss [his/her/their] transition plans on a one-on-one basis with anyone [he/she/they] wishes.

6. [TRANSITION COORDINATOR or HRBP] will be available to answer employees' questions about the transition and what it means for the workplace. To the extent permitted by law, [TRANSITION COORDINATOR or HRBP] will not reveal any information [TRANSITIONING EMPLOYEE] has designated confidential.

7. [TRANSITION COORDINATOR or HRBP] will be available to answer questions from [customers/clients/vendor/OTHER INDIVDIUALS OUTSIDE THE WORKPLACE WHO INTERACT WITH TRANSITIONING EMPLOYEE]. The City will not reassign any [customers/clients/accounts] based solely on an individual's expressed discomfort working with a transgender person. If a [customer/client/account] insists on reassignment, [TRANSITION COORDINATOR and HRBP] and [TRANSITIONING EMPLOYEE] will discuss how to handle the situation in a manner that takes into account the [TRANSITIONING EMPLOYEE]'s right to be free from discrimination.

**After the Transition:**

1. On [DATE], [TRANSITIONING EMPLOYEE] will [return to work/begin presenting at work as a [woman/man/gender neutral]]. [Her/His/Their] name will be [NEW NAME] and [she/he/they] will use [female/male/gender neutral] pronouns.

2. On [DATE], [EMPLOYER NAME] will take the following steps to change [TRANSITIONING EMPLOYEE'S] records to reflect [his/her/their] new name [and sex designation]:

    a. Issue a new [company identification card/security badge] with [TRANSITIONING EMPLOYEE]'s new name and photo.

    b. Place a new nameplate on [TRANSITIONING EMPLOYEE]'s [door/desk/cubicle/workstation].

    c. Update [EMPLOYER NAME]'s [organization chart/mailing lists/office directories/OTHER REFERENCES] to reflect [TRANSITIONING EMPLOYEE]'s new name.

    d. To the extent permitted by law, change [TRANSITIONING EMPLOYEE]'s name [and sex designation] on [payroll/benefits/insurance/retirement plan] documents.

e. Follow up on any name or sex designation changes previously initiated and incomplete.

3. [TRANSITIONING EMPLOYEE] will comply with the same dress code and grooming standards that apply to other City employees.

4. [TRANSITIONING EMPLOYEE] will use the restroom and locker room facilities that correspond to [his/her/their] gender identity.

5. [TRANSITION COORDINATOR or HRBP] will be on site on [DATE OF RETURN TO WORK] to introduce [TRANSITIONING EMPLOYEE], support [her/him/they], ensure respectful and inclusive treatment.

6. [TRANSITION COORDINATOR or HRBP] will be available after [TRANSITIONING EMPLOYEE] returns to work to address any issues or concerns that [TRANSITIONING EMPLOYEE] or any other employees have. Employees may also contact [OTHER MECHANISMS FOR RESOLVING EMPLOYEE CONFLICT].

**Confidential Information**

All parts of the Gender Transition Plan are confidential to the extent permitted by law unless the employee gives permission to share information.

The following information is called out specifically by the employee as confidential in nature and not intended to be shared with anyone (add additional sheets, if necessary):

_____
_____
_____
_____

To the extent permitted by law, [TRANSITION COORDINATOR or HRBP] will obtain [TRANSITIONING EMPLOYEE]'s consent before disclosing any information identified in this section.

This section and this plan may be modified at any time.

**Acknowledgement**

I acknowledge that I have read and understand the above information and have received a copy of this document. I understand that the information in this Gender Transition Plan is intended to facilitate a smooth transition and help the City's employees work together effectively on assigned job responsibilities. I understand that this plan is completely voluntary and may be amended or cancelled in full or in part at any time. I acknowledge and agree that if any portion of this Gender Transition Plan requires modification, I will contact my Transition Coordinator to discuss any revisions.

I understand that nothing contained in this document or discussed during the transition planning is intended in any way to create a contract of employment. If I have a written employment agreement signed by an authorized City representative and this document conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

_____

Employee Name

_____ _____

Employee Signature Date

_____

Transition Coordinator/HRBP Name

_____ _____

Transition Coordinator/HRBP Signature Date

**Copies to:**

Employee
Personnel File