

*Please note: Please complete the German form.
This English translation is intended to allow international readers
a better understanding of the document. It is solely for information purposes
and only the German version is legally binding.*

To the Department of Human Resources Management

Request for change of registered gender including change of given name(s) for internal use at HSD

LBV¹ personnel number (New employees can leave this field blank.): _____

Family name: _____

Official Given name(s): _____

Date of birth: _____

I hereby declare that because of my trans, inter or non-binary identity I would like to add to my official given name(s) the following first name(s) which have not (yet) been officially registered with the authorities:

This change of name(s) is to be recognised for internal use at HSD.

My gender entry in the human resources management system is also to be changed

to: ☐ male. ☐ female. ☐ non-binary. ☐ no entry.

(Please tick where applicable.)

Declaration:

☐ I hereby declare that

- the above-mentioned changes reflect my wishes. I therefore request the implementation of all above-mentioned changes to my data registered in the HSD human resources management system.
- the changed name(s) and gender stated in the request forms are to be changed in all IT based services of the university (e.g. e-mail address, MS Teams, HSD Card, list of staff members on the HSD website, electronic time-tracking system, Moodle) as well as in all other systems connected to HSD identity management. I am responsible for making the necessary changes to my own personal page in the list of staff members on the HSD website.

¹ Landesamt für Besoldung und Versorgung (state agency for public service staff's compensation and pension)

- in consultation with my line manager, I will initiate the necessary changes on my own responsibility to my door sign, business cards etc., where changes are not made automatically.
- I understand that my official given name(s) and gender entry continue to be stored and used for any legal matters and in any official communication with other authorities (e.g. LBV, health insurer or pension insurer).

With my signature, I affirm that all information I have provided is correct and binding. I understand that this request form will be added to my personnel file and that the corresponding information will be processed in HSD's human resources management system. Once I have successfully changed my official given name(s) with the authorities, I can request this form including my declaration to be deleted in accordance with the prohibition of disclosure (section 13 of the SBGG (law on gender self-identification)).

Place, date

Signature

Get in touch

In case of any questions or need of assistance with the change of name(s) and coming out in your professional environment, our Gender Diversity Action Team (gdat@hs-duesseldorf.de) and Wiebke Herter (wiebke.herter@hs-duesseldorf.de), Anti-Discrimination Counsellor at HSD, are happy to help.

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