



City and County of San Francisco

Employee Request for Extension of Family and Medical Leave Act Leave

FMLA 1C

I requested and was approved for FMLA leave¹ from (dates): _____ through _____.

I am requesting additional leave for the reason noted below. I understand that if I fail to submit this request two business days prior to the end of my scheduled leave the leave extension may be delayed.

I also understand that I am entitled to only 12 weeks (480 hours) of FMLA leave during a rolling 12-month period. I am requesting only that period of time still available to me under the FMLA. I understand that upon expiration of an FMLA leave, if no additional FMLA leave is available, I must return to work unless I am granted some other leave available under existing City rules, policies, and/or collective bargaining agreements.

- A. Birth of the employee's child and to care for such child. Child's date of birth: _____
- B. Placement with the employee of a child for adoption or foster care, and to care for such child (attach required documentation)
- C. To care for an immediate family member because such family member has a serious health condition. (Submit "Certification of Health Care Provider" (FMLA 2) form within 15 calendar days.)

Select family member: CHILD SPOUSE/DOMESTIC PARTNER PARENT OTHER (explain): _____

- D. Employee's serious health condition that makes the employee unable to perform the functions of his/her job.² (Submit *updated* "Certification of Health Care Provider" (FMLA 2) form within 15 calendar days.)

Your request will constitute FMLA leave and will be designated as such if you checked one of the above and your request was approved.³ If you checked D, the City will require you to provide a medical certification of fitness as a condition of returning to work. If you fail to submit the required certification, the City may refuse to return you to work until the certification is submitted.

Employee Name

Disaster Service Worker No.

Employee Class Number and Title

Dept. Name

Employee Signature

Date

cc: Personnel File

¹ Refers to both federal and state leaves under the Family Medical Leave Act and the California Family Rights Act.

² The City will count a workers' compensation absence against your FMLA leave if you suffer an on-the-job injury or illness that qualifies as a serious health condition.

³ Except for authorized workers' compensation leave or pregnancy disability leave, when you use qualified FMLA leave, you must concurrently use accrued sick leave for your time off. After sick leave with pay credits have been exhausted, you may elect to use accrued vacation leave to cover the remaining FMLA leave, followed by the use of floating holidays.