City and County of San Francisco
Micki Callahan
Human Resources Director

Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

Approval of Employee Request for Flexible or Predictable Working Arrangement

Type of Request: ☐ New ☐ Reconsideration ☐ Renewal

Employee Name: _____Date: _____

Approval of your request for a flexible and/or predictable working arrangement dated: _____

You submitted a request for a flexible and/or predictable working arrangement on _____.
_____ met with you to discuss this request on _____.
Name, job code, job title

This notice is to inform you that your request for a flexible or predictable working arrangement has been approved.
Arrangement from (dates): _____ to _____ (12-month maximum)

Arrangement specifications:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please be advised that you may have rights under the Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA).

_____ _____
Department HR Manager Name Signature

c: Employee file
Supervisor