City and County of San Francisco Carol Isen Human Resources Director



## PAID PARENTAL LEAVE – Authorization to Use Accrued Leave Credits

This authorization form should be completed by the employee to authorize the use of accrued leave credits during an approved parental leave. A completed form should be attached with the employee's FMLA Leave Form(s), and submitted directly to the employee's HR Department.

Name:				
(Please print)			(DSW ID Number)	
Address:				
(Street)			(City, State, ZIP)	
Department:				
	(Number)	(Name)		
Dates of Leave:	From	through _		
Intermittent Le	<b>ave:</b> (Specify	anticipated schedule)		
Please check all	that apply:			
🗆 l req		ne following accrued paid le	eave during my leave:	
	□ Vacation			
□ Sick Leave*				
<ul> <li>Comp Time</li> <li>Floating Holidays</li> <li>Administrative/Executive Leave</li> </ul>				
				□ Other:
🗆 I will		accrued paid leave during n		
* Employees may retain 40 hours of accrued Sick Leave during the Paid Parental Leave eligibility period.				
administrative or extense leaves, the to	xecutive leave, f otal amount of th he employee as c	loating holidays) before receiving he benefit for which the employe	rst exhaust all accrued paid leave (e.g. sick leave, vacation, compensatory time, g any supplemental compensation. If an employee chooses not to exhaust se would otherwise have been eligible will be reduced by the amount of paid exception that employees may retain up to 40 hours of paid sick leave credits	
Signature:			Date:	
Return this com	pleted from v	with your Request for Leav	e and Leave Protections from to your department's personnel	

representative.

cc: Official Employee Personnel Folder

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