



**Revocation of Flexible or Predictable Working Arrangement
Under the Family Friendly Workplace Ordinance (FFWO)**

Employee Name: _____ Date: _____

This notice is to inform you that the flexible or predictable working arrangement you were granted effective _____ is hereby revoked, effective _____.

The flexible or predictable working arrangement has been revoked for the following reason(s):

- You submitted a written request to revoke the arrangement on _____;
- You do not regularly work at least eight hours weekly¹;
- You work in a job classification that has been exempted from the FFWO²; or for
- One of the following bona fide business reasons³:
 - The identifiable cost of the change in a term or condition of employment requested in the application, including, but not limited to, the cost of productivity loss, retraining or hiring employees or transferring employees from one facility to another;
 - Detrimental effect on ability to meet customer or client demands;
 - Inability to organize work among other employees;
 - Insufficiency of work to be performed during the time the employee proposes to work; or
 - Other: _____

Please be aware that you have the right to request a different flexible or predictable working arrangement under section 12Z.5(d) of the FFWO.

Additionally, you may have rights under the [Family and Medical Leave Act \(FMLA\)](#) and/or [California Family Rights Act \(CFRA\)](#) to take time off due to your own serious health condition or to provide care to a family member with a serious health condition.

Department HR Manager Name

Signature

c: Employee file
Supervisor

¹ Section 12Z.4.(a)

² Section 12Z.11

³ Section 12Z.5(c)