



# CITY AND COUNTY OF SAN FRANCISCO

## Notification of Restricted Rights to Return from FMLA/CFRA Leave for Key Employee

**FML 5**

**Employee Name:** \_\_\_\_\_ **DSW:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Dept.:** \_\_\_\_\_ **Classification:** \_\_\_\_\_ **Title:** \_\_\_\_\_

You have been designated by the Human Resources Director, Department of Human Resources, as a “key employee.” Under the federal Family Medical Leave Act’s (FMLA) and the California Family Rights Act’s (CFRA) regulations, as a “key employee,” the City may deny restoration to your position after your FMLA/CFRA Leave if it determines that it is necessary to prevent substantial and grievous injury to the City’s operation. (See, 29 C.F.R 825.217-219, and Cal. Code Regs., tit. 2, § 11089(c)(2).)

**THIS LETTER DOES NOT MEAN THAT YOU WILL NOT BE RESTORED TO YOUR POSITION FOLLOWING YOUR LEAVE. A RESTORATION DECISION HAS NOT YET BEEN MADE.**

You will be notified as soon as possible if the City decides that it will deny you job restoration, and the reasons for this decision. If your leave has commenced before this decision is made, you will be given a reasonable opportunity to return to work after receiving the notice.

This Notification of Restricted Rights to Return from FMLA/CFRA Leave is simply to inform you that you may not have automatic restoration rights to your position following your Leave.

If you have any questions, please contact your departmental Human Resource office or your Department of Human Resources client services representative at \_\_\_\_\_.

By: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Telephone Number

Enclosed:  
 Request for Leave and Leave Protections  
 Certification of Health Care Provider (DHR FML 2) Return Date: \_\_\_\_\_  
cc: Leave/Medical File