



**City and County of San Francisco**  
Employee Request for Leave under the Family and Medical Leave Act

**FMLA 1A**

**New request**

**Request for extension<sup>1</sup>**

**Workers' compensation related**

I am requesting leave under the Family and Medical Leave Act<sup>2</sup> for the following reason (check one):

- 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.<sup>3</sup> (Submit "Certification of Health Care Provider" (FMLA 2) form within 15 calendar days.)

Your request will constitute FMLA and will be designated as such if you checked one of the above and your request was approved.<sup>4</sup> 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.

FMLA Requested From (dates): \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Disaster Service Worker No.

\_\_\_\_\_  
Employee Class Number and Title

\_\_\_\_\_  
Dept. Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

cc:      Personnel File

<sup>1</sup> Requests for extension of FMLA leave must be submitted two business days prior to the end of the current scheduled FMLA leave. Failure to submit timely may delay granting the extension. FMLA form 1C must also be submitted.  
<sup>2</sup> Refers to both federal and state leaves under the Family Medical Leave Act and the California Family Rights Act.  
<sup>3</sup> 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.  
<sup>4</sup> 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.