



**Denial of Employee Request for Flexible or Predictable Working Arrangement**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Denial of your request for a flexible and/or predictable working arrangement dated: \_\_\_\_\_

Type of Request:    New        Reconsideration        Renewal

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, after careful review, your request has been denied for the following reason(s):

You have not been employed by the City and County of San Francisco for at least six months<sup>1</sup>;

You do not regularly work at least eight hours weekly<sup>2</sup>;

You work in a job classification that has been exempted from the FFWO<sup>3</sup>; or

One of the following bona fide business reasons<sup>4</sup>:

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; or

Insufficiency of work to be performed during the time the employee proposes to work.

Other: \_\_\_\_\_

You have the right to request reconsideration of this decision under section 12Z.6 of the Family Friendly Workplace Ordinance:

**Section 12Z6. Request for Reconsideration by Employee from the Denial of Request for Flexible or Predictable Working Arrangement.**

1. An employee whose request for a flexible or predictable working arrangement has been denied may submit a request for reconsideration to the employer in writing within 30 calendar days of the decision.
2. If an employee submits a request for reconsideration under this section, the employer must arrange a meeting to discuss this request to take place within 21 calendar days after receiving the notice of the request.
3. The employer must inform the employee of the employer’s final decision in writing within 21 calendar days after the meeting to discuss the request for reconsideration. If the request for reconsideration is denied, this notice must explain the employer’s bona fide business reason for denial.

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

<sup>1</sup> Section 12Z.4.(a)

<sup>2</sup> Section 12Z.4.(a)

<sup>3</sup> Section 12Z.11

<sup>4</sup> Section 12Z.5(c)