



**Employee Regional Disaster Support Program – Glass Fire
Paid Time Off Request Form**

The [Employee Regional Disaster Support Program](#) provides paid time off work to City and County of San Francisco (City) employees directly and significantly harmed by a regional disaster. The purpose of the program is to help affected employees focus their time, energy, and efforts on recovering from the disaster.

These definitions provide more detail about the program.

- **Regional disaster:** A natural or man-made disaster in one or more of the nine Bay Area counties that forces City employees to leave their homes, or otherwise directly and significantly affects their ability to report to work or perform their duties as City employees.
- **Paid release time:** Up to 80 hours of paid time off work. The amount of paid time off each eligible employee receives will depend on criteria set by the City’s Human Resources Director and may be less than 80 hours.
- **Declaration of regional disaster:** An official statement by the Mayor that triggers the program.

Instructions

Mayor Breed has declared a regional disaster in response to the fires burning in Napa and Sonoma Counties (the “Glass Fire”). The Human Resources Director has established criteria and provided that employees meeting those criteria may request up to 40 hours of paid release time under the program. Please fill out this form to request paid time off if you have been directly and significantly affected by the Glass Fire and believe you meet the eligibility criteria. Provide your information below, explain how you were affected by the fire, and obtain approval from your Appointing Officer. Remember that the amount of paid release time you receive will be based on the criteria below, as set by the Human Resources Director, and the maximum available release time for the Glass Fire is **40 hours**. You may not get the amount of time you request. Eligible employees are not automatically entitled to paid release time, and not all eligible employees will receive the same amount of paid release time. The decision of the Appointing Officer on the request is final.

Employee Information

Name: _____

DSW Number: _____ Department: _____

Eligibility for Paid Release Time:

Please identify the specific fire that has impacted you: _____

Please check the criteria applicable to you and explain how you were directly and significantly affected by the Glass Fire:

I was required to evacuate from my primary residence, which is located in an official mandatory evacuation zone (provide address and evacuation information in space below).

My primary residence was significantly damaged or destroyed by the Glass Fire (provide address and damage information in space below); or

My assistance was required to evacuate a family member from their primary residence in an official mandatory evacuation zone (provide name/relation of family member, address of their residence, and evacuation information in space below); or

My assistance was required to care for an infirmed family member who resided in an official mandatory evacuation zone (provide name/relation/condition of family member, address of their residence, and evacuation information in space below); or

The school or childcare facility that my minor child/children/dependent(s) attends is in a mandatory evacuation zone, leaving the child/children or dependent(s) without educational opportunities or childcare during the employee's regularly scheduled work hours (provide name/age of children/dependent(s), school name/address, nature of schooling – in person/remote/hybrid, and evacuation information in space below).

Provide additional information here to support your request (attached additional pages if needed): _____

What dates did you take off from work in response to the regional disaster (the Mayor's regional disaster declaration covers the period September 27 through October 13, 2020)? _____

Are you requesting to have paid or unpaid time that you took off work in connection with the Glass Fire redesignated as leave under this program? If yes, please specify the leave you request to have redesignated.

How many hours of paid time off are you requesting (maximum 40 hours)? _____

List any attached supporting documentation:

1. _____
2. _____

Employee Declaration

I certify under penalty of perjury that the information I have provided in this application is true and correct.

Employee Name/e Signature (typing the letter "e" and your name serves as your official signature)

Date: _____

Appointing Officer Determination

Application approved. I have reviewed the application and supporting documentation, and confirm this employee is eligible to receive paid release time under the Employee Regional Disaster Support Program. Based on eligibility criteria set by the Human Resources Director, I approve this employee to receive _____ hours of paid release time (up to 40 hours maximum).

Application denied. Employee does not satisfy the criteria or did not provide certification/documentation.

Application denied. Based on the operational needs of the department.

Appointing Officer Name/e Signature (typing the letter "e" and your name serves as your official signature)

Signature: _____ Date: _____