



## PAID PARENTAL LEAVE – Employee Acknowledgement

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Name: \_\_\_\_\_  
(Please print) (DSW ID Number)

Address: \_\_\_\_\_  
(Street) (City, State, ZIP)

Department: \_\_\_\_\_  
(Number) (Name)

Dates of Leave: From \_\_\_\_\_ through \_\_\_\_\_

Intermittent Leave: (Specify anticipated schedule) \_\_\_\_\_

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### If I voluntarily separate from City service:

- prior to returning to work from a Paid Parental Leave; or
  - within six months of returning to work after a Paid Parental Leave:
1. I understand and agree that under San Francisco Charter Section A8.365-5, all Paid Parental Leave supplemental pay and the pecuniary value of any benefits (together, "Compensation") shall be treated as a loan, which I must repay to the City with interest;
  2. I understand and agree that the City will calculate interest on the Compensation at a rate equal to the greater of:
    - the rate received for the concurrent period by Treasurer's Pooled Cash Account; or
    - the minimum amount necessary to avoid imputed income under the Internal Revenue Code of 1986, as amended from time to time, and any successor statute;
  3. I understand and agree that the Compensation, together with the interest due, will be a debt I must repay to the City. I will be responsible for repaying the debt in equal monthly installments over a period to be determined in the discussions with the City, not to exceed 5 years, commencing 30 days following my separation from City employment.

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

Return this completed form with your Request for Leave and Leave Protections form to your department's personnel representative.

cc: Official Employee Personnel Folder

One South Van Ness Avenue, 4<sup>th</sup> Floor • San Francisco, CA 94103-5413 • (415) 557-4800