



# City and County of San Francisco

## Request for Leave and Leave Protections

**For All Continuous and Intermittent Absences of More than 5 Days, Including FMLA/CFRA**

New Request  Request for Extension<sup>1</sup>

Name: \_\_\_\_\_ DSW#: \_\_\_\_\_ Class/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Home Email: \_\_\_\_\_ Dept.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employment Status:  Permanent  Probationary  Exempt  
 Temporary  Provisional

### Type of Leave or Job Protection Requested (Check All That Apply):

#### 1. LEAVES

Sick Leave for (check one): Attach Medical Certification

- My Own Illness or Care
- Child Bonding or Assumption of Child Rearing
- Pregnancy or Related Condition
- Care for a Qualifying Family Member
- Bereavement for a Qualifying Person
- City Family Care Leave (Permanent Employees Only)
- Personal Leave
- Educational Leave
- To Accept Other City Employment:  TEX  PEX
- Other, Please Specify: \_\_\_\_\_

#### 2. PAY

- Sick Leave Pay
- In Lieu of Sick Leave Pay (Approval Required):  
 Unpaid Sick Leave  Vacation  CTO  FH

#### 3. OTHER BENEFITS

- I  will  will not receive/apply for SDI, PFL or WC
- I **DO NOT** wish to supplement SDI/PFL/WC with accrued Sick Leave, Vacation, CTO, or FH

#### 4. AMOUNT OF LEAVE REQUESTED

Continuous  Intermittent  Reduced Schedule From (dates) \_\_\_\_\_ to \_\_\_\_\_

For Intermittent Leave: How Many Leave Hours Per Day?: \_\_\_\_\_ How Many Absence Days Per Week? \_\_\_\_\_

**OR** How Many Leave Hours Per Week?: \_\_\_\_\_ How Many Absence Days Per Month? \_\_\_\_\_

Proposed Reduced Work Schedule: Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Date \_\_\_\_\_

PRINT NAME/TITLE	SIGNATURE	DATE	APPROVE <sup>2</sup>	DENY (Attach Reason, if Required)
(Employee's Supervisor)				
(Personnel Officer/Designee)				
(Appointing Officer/Designee)				

c: Leave/Medical File

<sup>1</sup> Requests for extension of FMLA/CFRA or PDL leave must be submitted two weeks prior to the end of the currently scheduled FMLA/CFRA or PDL leave when practical. Failure to submit timely requests may delay granting the extension.

<sup>2</sup> FOLLOWING VERIFICATION OF ELIGIBILITY AND MEDICAL NECESSITY, CERTAIN LEAVES MUST BE DESIGNATED ON FORM FML 3, EVEN IF NOT REQUESTED. THIS FORM CANNOT BE USED TO APPROVE OR DENY FMLA, CFRA OR PDL PROTECTIONS. SIGNATURE ACKNOWLEDGES RECEIPT OF FMLA, CFRA OR PDL REQUEST ONLY.

## Leaves of Absence - General Provisions

Leaves of absence are governed by the following general provisions:

1. Leave requests must be submitted to a department head or designee for approval.
2. A request for leave in excess of five days must be approved in advance on the appropriate form by the employee's supervisor, department's human resources representative, and the appointing officer/designee.
3. Employees who do not return to work when they are expected are absent without leave (AWOL) and may be subject to disciplinary action or automatic resignation.
4. Disapproval of certain types of leave may be appealed either through the grievance procedure in the respective collective bargaining agreement or the Civil Service Commission Rules.
5. Except for personal leave and in cases where the employee has obtained the prior approval of the appointing officer and the human resources director, an employee may not accept employment outside of the City and County service, other than military service, while on a leave of absence.

Employees should consult their human resources representatives if they have questions or need more information on any of the leaves or leave requirements described below.

**Sick Leave:** Except for leave under Labor code Section 233, sick leave requests for over five days must be certified by a licensed medical doctor, dentist, podiatrist, licensed clinical psychologist, Christian Science practitioner or licensed doctor of chiropractic medicine. Verification of sick leave for less than five days may be required on an individual basis. Employees are responsible for notifying their supervisors when they are unable to report for duty because of illness, and of the approximate date of their return to work. The duration of leave requested by the employee on this form should be the same as the duration certified as medically necessary by the health care provider. Only the amount of sick leave certified by the health care provider will be approved.

**Family Care Leave:** If an employee's leave to care for a newborn, newly adopted child or sick family member extends beyond the 12-week FMLA/CFRA leave maximum, or if the employee is not eligible for FMLA/CFRA leave, he or she may seek additional unpaid leave of up to a total of one year for any of the same reasons. This type of leave is available to permanent employees who have completed at least one year of service and is at the discretion of the department's appointing officer.

**Military Leave:** Military leave is governed by the provisions of applicable federal and state laws, Charter provisions, and by the Civil Service Commission Rules. A copy of the employee's official orders must be attached to his or her request for military leave. Certain employees on military leave may receive their regular compensation for a period not to exceed 30 days, and may qualify to receive supplemental pay and benefits during a qualified active military duty leave.

### **Leave for Spouse/Registered Domestic Partner While Qualified Member on Leave From Deployment:**

In compliance with the State of California Military and Veterans Code, a qualified employee who is a spouse or registered domestic partner of a qualified member of the Armed Forces, National Guard, or reserves shall be allowed to take up to 10 days of unpaid leave during a period of leave from deployment of the qualified member.

**Family Medical Leave Act/California Family Rights Act (FMLA/CFRA):** Eligible employees may take up to 12 workweeks of unpaid, job-protected leave in a 12-month period to care for themselves or family members who are ill, or for child bonding and military exigency. See *Notice of Eligibility, Rights and Responsibilities -- FML1* for more information on this leave entitlement.

**Jury Duty Leave:** Employees must notify their supervisor when a jury summons is received. Any employee who is called to jury duty for a municipal, state or federal court during the employee's working hours is allowed his or her regular compensation less the amount of jury fees paid while serving as a juror. An employee called as a witness in a non-work related matter may be granted leave without pay unless vacation leave or compensatory time is granted.

**Educational Leave:** Educational leave is unpaid and is generally available to permanent employees only. An employee may be granted leave not to exceed one year for the purpose of securing additional education in a field related to his or her position.

**Religious Leave:** Employees may be granted religious leave when personal religious beliefs require the abstention from work during certain periods of the work day or work week. Religious leave is without pay unless a request to utilize accumulated compensatory time off, vacation time, or floating holidays is approved.

**Leave to accept other City and County employment.** Leave to accept a temporary or exempt appointment in the City is available at the discretion of the department head for permanent civil service employees only.

**Personal Leave:** Permanent employees may request unpaid personal leave for up to 12 months within any two year period. The department head has discretion to grant or deny requests for personal leave. With certain exceptions, temporary or provisional employees may request personal leave for a maximum of one month, and only if a replacement for their position is not required.

**Leave Extension:** An employee who wishes to extend a leave of absence must submit a completed Request for Leave form to his or her immediate supervisor or department's human resources representative at least two weeks, if practical, before the expiration date of the current leave. If the request is for sick leave, the employee must provide documentation from their health care provider.

**Leave Abridgment:** An employee who wishes to abridge a leave must submit an amended Request for Leave form before returning to work and, if the employee was on sick leave, the health care provider must certify that the employee is physically able to return to work.