



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 Extension1

Name: DSW#: Class/Title:

Address: City: State: Zip:

Contact No.: Home Email: Dept.:

Supervisor: Employment Status: Permanent Probationary Exempt

Type of Leave and/or Job Protection Requested (Check All That Apply): Temporary Provisional

1. LEAVE REASON

- Sick Leave for (check one): Attach Medical Certification
My Own Illness or Care
Pregnancy or Related Condition
Child Bonding or Assumption of Child Rearing
Care for Ill Family Member
Personal Leave
Educational Leave
To Accept Other City Employment: TEX PEX TPV
Care for Next of Kin Covered Military Service Member
Military Exigency Related to Deployment
Other, Please Specify:

State Relationship and Type of Care to be Provided:

(attach separate sheet)

City Family Care Leave (Permanent Employees Only)

2. LEAVE PROTECTIONS2

- Family Medical Leave Act California Family Rights Act
Pregnancy Disability Leave
Kin Care

3. OTHER BENEFITS

- will will not receive/apply for SDI, PFL or WC. Department will supplement other benefits with your accruals unless you elect not to do so.
I DO NOT wish to supplement SDI/PFL/WC with accrued Sick Leave, Vacation, Compensatory Time, or Floating Holiday

4. PAY

For leave that allows pay options I wish to use or supplement other benefits with: SP VA CTE FH

Use of some accrued leaves are required for unpaid FMLA/CFRA or PDL leaves. Please note that pay options may only be allowed for certain leave types. Please inquire with your Human Resources Department for questions regarding your pay options.

5. 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

Table with 6 columns: PRINT NAME/TITLE, SIGNATURE, DATE, RECEIVED, APPROVE2, DENY With/Without Reason. Rows for Supervisor, Personnel Officer/Designee, and Appointing Officer/Designee.

1 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.

2 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.

3 Health Benefits: When you are on an unpaid leave, premiums for health coverage cannot be deducted from your paycheck. To maintain coverage, you must contact SFHSS 30 days of when leave begins to arrange for payment.

## 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.

**Family Medical Leave Act and/or 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. FMLA and CFRA contain similar provisions and may run concurrently in certain circumstances. However, there are specific situations where the leaves will not run concurrently, and employees may have separate 12-workweek leave entitlements for a total of up to 24 workweeks of job-protected leave. See *Notice of Eligibility, Rights and Responsibilities -- FML1* for more information on these leave entitlements.

**Kin Care:** Employees may take up to half of the sick leave they accrue annually to care for themselves, or for a child, parent, or guardian, spouse or registered domestic partner, grandchild, grandparent, or sibling. Employees have the right to designate sick leave as Kin Care for their own health conditions or that of a qualifying family member. Sick leave not designated as Kin Care may be included in absenteeism rates as a negative attendance factor.

### **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.

**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.