



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

(Birth/Placement Date: _____)

☐ Care for Ill Family Member

State Relationship and Type of Care to be Provided:

(attach separate sheet)

☐ City Family Care Leave (Permanent Employees Only)

☐ Personal Leave

☐ Educational Leave

☐ To Accept Other City Employment: ☐ TEX ☐ PEX

☐ Care for Next of Kin Covered Military Service Member

☐ Military Exigency Related to Deployment

☐ Reproductive Loss ☐ Bereavement

☐ Other, Please Specify: _____

2. LEAVE PROTECTIONS²

☐ Family Medical Leave Act

☐ California Family Rights Act

☐ Pregnancy Disability Leave

☐ Kin Care

3. OTHER BENEFITS

☐ I 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

PRINT NAME/TITLE	SIGNATURE	DATE	RECEIVED	APPROVE ²	DENY Discretionary
(Employee's Supervisor)					
(Personnel Officer/Designee)					
(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. Failure to submit timely requests may delay granting the extension.

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. SIGNATURE ACKNOWLEDGES RECEIPT OF FMLA, CFRA OR PDL REQUEST ONLY.

³ **Heath 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. sfhss.org/contact-us

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 their 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 their position.

Religious Leave: Employees may be granted religious leave when personal religious beliefs require the abstention from work during certain periods of the workday or workweek. 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 their 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.



CITY AND COUNTY OF SAN FRANCISCO

FML2
Employee

Certification of Health Care Provider under the
Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) And
Pregnancy Disability Leave (PDL)

**Use This Form For an Employee's Serious Health Condition
PLEASE GIVE THIS FORM TO YOUR HEALTH CARE PROVIDER
AFTER COMPLETING SECTION A**

Section A: To Be Completed By the Employee

Employee's Name: _____ Classification: _____

Department: _____

Personnel Official's Name: _____ Telephone Number: _____

Section B: Instructions to the Health Care Provider

Certification of Health Care Provider of a Serious Health Condition
(Family and Medical Leave Act (FMLA) of 1993, California Family Rights Act (CFRA)
and Pregnancy Disability Leave (PDL).)

Dear Health Care Provider:

The above-named employee has requested a leave of absence or intermittent leave for their health condition, which may qualify as a protected leave under the FMLA, CFRA and/or PDL. This medical certification form will provide us with information needed to determine if the employee is eligible for leave under the FMLA, CFRA and/or PDL. Sections C-G must be completed by you and returned to the department by the employee or your office. **In all cases, it is the employee's responsibility to ensure that sufficient medical certification is provided to the employer.**

INSTRUCTIONS

The information sought on this form relates only to the condition for which the employee is taking leave. For the purposes of this form, "incapacity" is defined as the inability to work, attend school, or perform other regular daily activities due to the serious health condition itself, treatment of the serious health condition, or recovery from the condition. "Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations. A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include taking over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, or other similar activities that can be initiated without a visit to a health care provider.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by GINA. To comply with GINA, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus to be carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Section C: Definition of a Serious Health Condition

The definitions below describe what is meant by a "serious health condition" under the FMLA and/or CFRA. Does the patient's condition(s) qualify under any of the categories described? If so, please check the appropriate category.

☐ **CATEGORY 1: In-Patient Care**

Any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

☐ **CATEGORY 2: Absence Plus Treatment**

A period of incapacity of more than three (3) consecutive full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, which also involves:

- a) Treatment two (2) or more times, within 30 days of the first day of incapacity, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services, e.g., physical therapist, under orders of, or on referral by, a health care provider; or
- b) Treatment by a health care provider on at least one (1) occasion, which results in a regimen of continuing treatment under the supervision of the health care provider, e.g., prescribed medication.

☐ **CATEGORY 3: Pregnancy or Prenatal Care**

Any period of incapacity due to pregnancy, or for prenatal care. Expected delivery date: _____

☐ **CATEGORY 4: Chronic Conditions**

Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:

- a) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- b) Continues over an extended period of time, including recurring episodes of a single underlying condition; and
- c) May cause episodic rather than a continuing period of incapacity, e.g., asthma, diabetes, epilepsy, etc.

☐ **CATEGORY 5: Permanent or Long-Term Conditions Requiring Supervision**

A period of incapacity, which is permanent or long-term, due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

☐ **CATEGORY 6: Conditions Requiring Multiple Treatments**

Any period of absence to receive multiple treatments, including any period of recovery therefrom, by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, for:

- a) Restorative surgery after an accident or other injury; or
- b) A condition that would likely result in a period of incapacity of more than three (3) consecutive, full calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

☐ **NO CATEGORY APPLIES**

Employee's Name: _____

Section D: Supporting Medical Facts

Note: The health care provider is not to disclose the underlying diagnosis without the patient's consent.

1. State the approximate date the condition began: _____
2. State the probable duration of the condition or need for treatment: _____
3. State the probable duration of the patient's incapacity, if different from the duration of the condition:

Section E: Amount of Leave Requested
(Only Check and Complete the Section(s) That Apply)

☐ **CONTINUOUS LEAVE**

The employee will require **CONTINUOUS LEAVE** due to their serious health condition, including any time for treatment and recovery.

Estimate the beginning and ending dates for the period of incapacity: From _____ through _____

☐ **INTERMITTENT LEAVE**

It is medically necessary for the employee to take **INTERMITTENT LEAVE** because the employee's serious health condition causes episodic incapacity due to flare-ups or urgent care.

- a. Estimate the frequency of flare-ups or the need for urgent care:

Frequency: _____ times per _____ week / month / year (circle one)

- b. Estimate the duration of time the employee will be incapacitated by each occurrence/episode:

Duration: _____ hours / days per incident (circle one)

Dates flare-ups or need for urgent care may occur: From _____ through _____

☐ **TREATMENT OR APPOINTMENTS**

It is medically necessary for the employee to attend follow-up **TREATMENT** or **APPOINTMENTS** because of the employee's serious health condition.

- a. Estimate the schedule, including dates of any scheduled treatment or appointments and time required for each appointment. Include recovery time.

Scheduled Treatment/Appointments: _____ times per week / month / year (circle one)

Duration: _____ hours / days per treatment/appointment (circle one)

Estimate dates, times, and length of scheduled appointments: _____

- b. Can treatment/appointments be scheduled during non-work hours? ☐ Yes ☐ No

Dates treatment/appointments can be scheduled: From _____ through _____

Continue To Next Page

Employee's Name: _____

Section E: Amount of Leave Requested
(Continued)

☐ **PART-TIME SCHEDULE**

It is medically necessary for the employee to work a **PART-TIME SCHEDULE** due to the employee's serious health condition.

Indicate the part-time schedule the employee needs:

Employee can work _____ hours per day for _____ days per week from _____ through _____

Section F: Restrictions

Please list restrictions that preclude the employee from performing one or more of their essential job functions. Limit the restrictions to those caused by the serious health condition (Answer after discussing essential job functions with employee): _____

Additional Comments: _____

Section G: Definition of Health Care Provider

Department of Labor regulations for the Family and Medical Leave Act define a "health care provider" as a

- a. doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or clinical social worker, physician's assistant, who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science practitioner.
- b. any provider the employee's group health plan will accept certification of a serious health condition to substantiate a claim for benefits.

(Signature of Health Care Provider)

(Date)

(Print Name of Health Care Provider)

(License No.)

(Address)

(Phone No.)

Thank you for your assistance.