San Francisco Family Friendly Workplace Ordinance

REQUEST FORM

Employees should use this form to request a flexible or predictable working arrangement pursuant to Chapter 12Z of the San Francisco Administrative Code, the Family Friendly Workplace Ordinance (FFWO). The FFWO requires employers with 20 or more employees to consider requests for flexible working arrangements from employees with caregiving responsibilities for 1) a child or children; 2) a family member with a serious health condition; or 3) a parent age 65 or older.

Employees can request changes to their work arrangements including:

- The number of hours the employee is required to work;
- The times when the employee is required to work;
- Where the employee is required to work (telecommuting);
- Change in work assignments; or
- Predictability in a work schedule.

HR will meet with you within 21 days of your request. Within 21 days of the meeting, USF will notify you in writing of its decision to grant or deny your request. Filling out this form does not guarantee your request will be granted. USF will communicate with you to determine if a flexible arrangement can be made that meets both your needs and the needs of the university.

REQUEST

Pursuant to the rights provided under Section 12Z.4 of the Family Friendly Workplace Ordinance, I would like to apply for a flexible or predictable working arrangement that is different from my current working schedule. I confirm I meet each of the eligibility criteria as follows:

- I have been employed by USF for at least six months.
- I work at least eight hours per week on a regular basis.
- I have, or expect to have, the responsibility to assist with the caregiving of:
  - A child or children for whom I have parental responsibility;
  - A family member that has a serious health condition, as defined in the FFWO; or
  - A parent age 65 or older.

Employee Name: ________________________________________________________________

Supervisor: ___________________________________________________________________
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Why are you making this request?

Describe your current working schedule or arrangement (days/hours/times worked):

Describe the working schedule or arrangement that you are requesting (proposed days/hours/times):

Proposed START and End Dates of request:

I declare that the information above is true to the best of my knowledge:

Employee Signature: ___________________________________________________________________
DATE: ______________________________________________________________________________

USF Confirmation of Receipt

Name: ______________________________________________________________________________
Signature: ___________________________________________________________________________
Date: _______________________________________________________________________________