



San Francisco Family Friendly Workplace Ordinance Request

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 review requests for flexible working arrangements from employees with caregiving responsibilities for 1) a child or children under the age of 18; 2) a family member with a serious health condition in a family relationship with the employee; or 3) any person age 65 or older who is in a family relationship with the employee.

“Family relationship” is defined as a relationship in which a caregiver is related by blood, legal custody, marriage, or domestic partnership to another person as a spouse, domestic partner, child, parent, sibling, grandchild, or grandparent.

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.

Your request for a flexible or predictable working arrangement will be reviewed and responded to in writing within 21 days of receiving the original request (unless the parties agree in writing to extend it). As part of this request, you agree to participate in a good-faith interactive process. You may be asked to attest to or verify your caregiving responsibilities.

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 am employed within the geographic boundaries of San Francisco or I am teleworking and assigned to a San Francisco office; and
- I have been employed by USF for at least six months, and
- I work at least eight hours per week on a regular basis, and
- I am the primary contributor to the ongoing care of (*check only one*):
 - ☐ A child or children under the age of 18 for whom I have parental responsibility.
 - ☐ A person or persons with a serious health condition in a family relationship with the employee.
 - ☐ A person or persons age 65 or older who is in a family relationship with the employee.

Employee Name: _____

Supervisor: _____

Why are you making this caregiving 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: