



CITY AND COUNTY OF SAN FRANCISCO

PAID PARENTAL LEAVE – WORKSHEET

Name: _____
(Please print) (Social Security No.)

Address: _____
(Street) (City, State ZIP)

Department: 08 Treasurer/Tax Collector
(Number) (Name)

Dates of Leave: _____
(From) (Through)

Please check one:

I will use the following accrued paid leave during my leave:

- Vacation
- Sick Leave
- Comp Time
- Floating Holidays
- Administrative/Executive Leave
- Other: Please describe

I will not use any accrued paid leave during my leave

IMPORTANT NOTE: Employees on approved Parental Leave must first exhaust all accrued paid leave (e.g. sick leave, vacation, compensatory time, administrative or executive leave, floating holidays) before receiving any supplemental compensation. If an employee chooses not to exhaust these leaves, the total amount of the benefit for which the employee would otherwise have been eligible will be reduced by the amount of paid leave accrued by the employee as of the start of the leave.

Employee Signature

Date