

OFFICE OF THE CITY ADMINISTRATOR  
OFFICE OF LABOR STANDARDS ENFORCEMENT  
PATRICK MULLIGAN, DIRECTOR



### SAN FRANCISCO PAID PARENTAL LEAVE FORM

**Complete one form for each employer.** If you have only one employer, you only need to complete Sections 1, 2, and 3 of this form. If you have more than one employer, fill out Section 4 on page 2.

---

#### Section 1. Employment Information

Employee

Name/Address: \_\_\_\_\_

(Please print)

Street

City

State

Zip

Employer: \_\_\_\_\_

(Name)

---

**Section 2. Employer Notification.** Your employer needs your Notice of Computation to calculate what to pay you. Please select both options whenever possible.

Option 1. I am submitting a copy of my EDD Notice of Computation to my employer(s); and/ or

Option 2. I have checked the box on my EDD Claim for Paid Family Leave (DE2501F) granting permission to disclose my benefit payment to my employer(s).

**Section 3. Reimbursement Agreement.** In order to receive Supplemental Compensation under the San Francisco Paid Parental Leave Ordinance (PPLO), employees must agree in writing to reimburse their employers if they voluntarily separate from employment within 90 days of the end of their leave period. Failure to sign this agreement renders you ineligible to receive Supplemental Compensation under the PPLO. [See S.F. Labor and Employment Code (L.E.C.) 14.4(e).]

I, \_\_\_\_\_ [full name], hereby agree to reimburse the full amount of Supplemental Compensation received from any Covered Employer(s) under the San Francisco Paid Parental Leave Ordinance if I voluntarily separate from employment within 90 days from the end of my leave period and if my employer requests such reimbursement in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you only have one employer, this form is complete. Return this form to your employer. Do not return this form to OLSE.**

**Only complete Section 4 if you have more than one employer**

**Section 4. Multiple Employers.** If you have more than one employer, you must complete either Option A or Option B of this section, or your employers will not be required to provide Supplemental Compensation under the PPLO.

Option A: Ask each employer for your normal gross weekly wages and reported tips, if any, and enter the amount in the grid for each employer:

Employer	Normal Gross Weekly Wages	Average Weekly Tips
1		
2		
3		

Option B: For each employer, fill in your pre-tax gross earnings below. Include information for the 6 bi-weekly, 6 semi-monthly or 12 weekly pay periods that immediately precede your leave period. If you were on unpaid or partially paid leave for any of those pay periods, do not include those pay periods in the grid. Instead, include earlier pay periods during which you were fully paid. Provide 6 total – or 12 total – in the chart for each employer.

Employer 1 \_\_\_\_\_ Employer 2 \_\_\_\_\_ Employer 3 \_\_\_\_\_

Pay Period	Start Date	Gross Wages	Tips	Pay Period	Start Date	Gross Wages	Tips	Pay Period	Start Date	Gross Wages	Tips
1				1				1			
2				2				2			
3				3				3			
4				4				4			
5				5				5			
6				6				6			
7				7				7			
8				8				8			
9				9				9			
10				10				10			
11				11				11			
12				12				12			

I declare under penalty of perjury that the foregoing wage and employer information is true and correct.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your employer has the right to request proof of the gross wages from other employers listed above.

**SUBMIT A COMPLETED FORM TO EACH OF YOUR EMPLOYERS.  
DO NOT SUBMIT THIS FORM TO OLSE.**

OFFICE OF THE CITY ADMINISTRATOR  
OFFICE OF LABOR STANDARDS ENFORCEMENT  
PATRICK MULLIGAN, DIRECTOR



## **San Francisco Paid Parental Leave Ordinance: Know Your Rights**

### **What is the Paid Parental Leave Ordinance?**

The Paid Parental Leave Ordinance applies to private employers with 20+ employees worldwide, and to employees who have worked for their employer for 180 days, work regularly in San Francisco, and are eligible for Paid Family Leave to bond with a new birth, adopted, or foster child.

If you are covered by the PPLO, you are eligible for “Supplemental Compensation” from your employer. This means that your employer may pay you Supplemental Compensation while you are on Paid Family Leave to bond with your new child. This is in addition to the Paid Family Leave weekly benefit from the EDD.

### **What is the Paid Parental Leave Form?**

You must complete this form, and your employer must know your EDD weekly benefit, so that your employer can calculate and pay your supplemental compensation. You need to complete this form and give it back to your employer.

### **San Francisco Paid Parental Leave Form: Instructions**

**Section 1:** Fill out your name and address in Line 1. Fill out your employer name in Line 2.

**Section 2:** OLSE strongly encourages you to check both boxes and to give your Notice of Computation (DE429D) to your employer as soon as possible.

Your employer might require you to submit your EDD “Notice of Payment,” when the first payment is made.

**Section 3:** Read the reimbursement agreement, fill in your name, then sign and date. Your supervisor or HR representative should also sign and date the agreement.

**If you have only one employer, you are done. The Form goes to the employer, not OLSE.**

If you have two or more employers, complete **Section 4**. The law requires you to provide information about your gross wages to all your employers. Your employers are allowed to request proof of gross wages from each other.

Fill out all the gross wages from **all** employers. Do not include any independent contractor income.

Include reported tips, if you receive them. For more information about tips, visit [www.sf.gov/pplo](http://www.sf.gov/pplo).

Do not include pay periods where you were not fully paid by your employer (i.e, unpaid leave or leave where you only received pay from the EDD, but not your employer.

For examples of how to fill out Option A and Option B, visit [www.sf.gov/pplo](http://www.sf.gov/pplo).

After completing Section 4, sign and date, and return the Form to each Employer.

**Questions? Please call 415-554-4190 or e-mail [pplo@sfgov.org](mailto:pplo@sfgov.org).  
[www.sf.gov/pplo](http://www.sf.gov/pplo)**