

Instructions for San Francisco Paid Parental Leave Form

If you are eligible for California Paid Family Leave benefits for new child bonding and you work in San Francisco, you may also be eligible for “Supplemental Compensation” from your employer. You must complete the **Paid Parental Leave Form** to receive Supplemental Compensation for new child bonding from your employer.

If you have only one employer, complete **Sections 1, 2, and 3**, and submit the form to your employer.

If you have more than one employer, you must provide a completed form to each employer. For each employer, complete **Sections 1, 2, 3, and 4**, sign in both **Section 3** and **Section 4**.

Section 1 Instructions:

Fill out your name and address in the first line and the name of the employer in the second line.

Section 2 Instructions:

Your employer needs to know the amount of your weekly California Paid Family Leave benefits for bonding with a new child. The best way to provide your employer with this information is to **check both boxes**, meaning:

1. You are submitting a copy of your “Notice of Computation” to your employer. You should receive the Notice of Computation (DE429D) in the mail shortly after submitting your EDD Claim Form. **and also**
2. When you applied for California Paid Family Leave, you checked the box on the form granting EDD permission to disclose your benefit amount to your employer.

Note: your employer may also require you to submit your EDD “Notice of Payment,” which EDD will send you when the first payment is made.

Section 3 Instructions:

Read the reimbursement agreement, fill in your name in the blank, then sign your name and enter the date in the Employee Signature blank. You should also have your supervisor or HR representative sign and date the agreement in the Employer Signature blank.

If you have only one employer, then the form is complete.

If you have more than one employer, complete Section 4.

Section 4 Instructions: If you have more than one employer, the San Francisco law requires you to provide “information pertaining to wages received from all employers” to each of your employers. In filling out this section, fill in wages from all employers, including the employer to whom you are submitting the form. Do **not** include income earned as an independent contractor.

There are two options for gathering information and completing **Section 4** of the form.

Option A. Ask each of your employers for your Normal Gross Weekly Wages over the past three months or twelve weeks and enter the number in the column for each employer. If you have more than three employers, attach an additional page with information from other employers as needed. If you receive tips at any of these jobs, ask your employer for the average all reported tips in the designated column. Please see the example below.

| Employer | Normal Gross Weekly Wage | Average Weekly Tips |
|--------------|--------------------------|---------------------|
| 1 GSA BAKERY | 500 | |
| 2 CON COFFEE | 600 | 203 |
| | | |

Option B. Fill out your information on your earnings from all employers over the past 3 months or 12 weeks based on your pay stubs or other records. Enter the date and pre-tax earnings for each pay period. You should include the reported tips from each employer in the column titled “Tips” if you receive reported tips at any of these jobs. Do not include pay periods where you were on unpaid or partially paid leave. For example, if you were on pregnancy disability leave and were only receiving partial pay, do not include those amounts.

Note that your employer may request proof of wages from other employers.

Below is an example of an employee who has one employer that pays the same wages for each bi-weekly pay period and one employer with fluctuating wages where the employee also receives tips.

Employer 1: GSA BAKERY

Employer 2: CON COFFEE

Bi-Weekly

| Pay Period | Date | Wages | Tips |
|------------|--------|-------|------|
| 1 | 31-Dec | 500 | |
| 2 | 14-Jan | ↓ | |
| 3 | 28-Jan | | |
| 4 | 11-Feb | | |
| 5 | 25-Feb | | |
| 6 | 11-Mar | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Weekly

| Pay Period | Date | Wages | Tips |
|------------|--------|-------|------|
| 1 | 24-Dec | 644 | 220 |
| 2 | 31-Dec | 620 | 167 |
| 3 | 7-Jan | 611 | 201 |
| 4 | 14-Jan | 510 | 241 |
| 5 | 21-Jan | 687 | 181 |
| 6 | 28-Jan | 495 | 191 |
| 7 | 4-Feb | 616 | 141 |
| 8 | 11-Feb | 645 | 232 |
| 9 | 18-Feb | 479 | 187 |
| 10 | 25-Feb | 630 | 209 |
| 11 | 4-Mar | 610 | 237 |
| 12 | 11-Mar | 653 | 229 |

Once you have completed the earnings grids, sign and date the form and return it to each employer.

DEPARTMENT OF ADMINISTRATIVE SERVICES
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. For prompt payment of benefits, select both options. Check all that apply:

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 (DE 2501F) 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. Police Code Sec. 3300H.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.

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 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 | Wages | Tips | Pay Period | Start Date | Wages | Tips | Pay Period | Start Date | 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 wages from other employers listed above.

SUBMIT A COMPLETED FORM TO EACH OF YOUR EMPLOYERS