



Temporary Flexible or Predictable Work Schedule Request for Accommodation under the San Francisco Family Friendly Workplace Ordinance

The San Francisco Family Friendly Workplace Ordinance (SF FFWO) allows for San Francisco-based employees to request a temporary flexible or predictable work schedule arrangement to provide caregiving services for family members in need of assistance. If you have been identified as a caregiver for a family member in need of assistance, please complete the form below to request a temporary revised work schedule arrangement.

STEP 1:

Please review the Family Friendly Workplace Ordinance FAQs found on the [Guidance Document Library](#).

STEP 2:

Complete this request in its entirety for a temporary flexible or predictable work arrangement. The information contained in your request will be reviewed and analyzed by the Stay at Work/Return to Work Team, and the information will be shared with your supervisor.

STEP 3:

If you are requesting a temporary flexible or predictable work arrangement to care for a family member with a serious health condition, you must complete a Health Care Provider Certification in addition to this request form found on the [Guidance Document Library](#).

STEP 4:

Prior to submitting this form, you must notify your supervisor of your request for a temporary flexible or predictable work arrangement.

STEP 5:

Return this completed request form to the Accommodation Team by email or fax. You will be contacted by the Stay at Work/Return to Work Team to discuss your request. You will be notified if additional documentation is required or if your forms are incomplete or insufficient.

Stay at Work/Return to Work Team Confidential FAX
Internal: [459-6124](#)
External: [1-925-459-6124](#)

Stay at Work/Return to Work Team Email
Internal: Accommodations-Req@pge.com
External: Accommodations-Req@pge.com

Important Information

- You will be required to provide verification of caregiver responsibilities as well as medical verification, when applicable.
- PG&E's ability to provide the requested temporary work arrangement will be based on business operational needs.

The Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. **To comply with GINA and CalGINA, please DO NOT provide any genetic information when responding to this request for medical certification.** "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member of an embryo lawfully held by an individual or family member receiving assistive reproductive services. "Genetic information," as defined by CalGINA includes information about the individual's or the individual's family member's genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic Information" does not include information about an individual's sex or race.

Temporary Flexible or Predictable Work Schedule Request Form
Request for Accommodation under the San Francisco Family Friendly Workplace Ordinance

SECTION 1

Employee Name

Personnel Number

Patient/Family Member's Name

Familial Relationship

Child's or Parent's date of birth *(Required if child is under the age of 18 or a parent age 65 or older)*

REQUEST SECTION (to be completed by employee)

SECTION 2

I am requesting a temporary flexible or predictable schedule change for the following reason(s):

To care for my child/children under the age of 18 To care for my parent

To care for a person or persons with a serious health condition
(please complete medical certification, in addition to this form)

SECTION 3

Requested Beginning Date of Schedule Change

Ending Date of Schedule Change *(maximum of 12 weeks)*

SECTION 4

Describe the temporary flexible or predictable work arrangement you are requesting below:

SECTION 5

Describe the caregiving responsibilities that require you to request a temporary flexible or predictable work arrangement below:

SECTION 6

By signing below, I certify that the statements made in this request are accurate and correct and that I am an employee headquartered in San Francisco and am requesting a temporary flexible or predictable work arrangement under the San Francisco Family Friendly Workplace Ordinance. Further, I agree to participate and cooperate in the discussion so that the company can make a decision regarding my request in a timely manner. I understand that if I do not provide the requested information, my request for a temporary flexible or predictable work arrangement may be denied.

Falsification of any information in this process would be a violation of PG&E's Code of Conduct and may be subject to disciplinary action up to and including termination.

Employee's Signature

Date

Email

Contact Phone