



San Francisco, Oakland, Emeryville,
and Berkeley Paid Sick Leave
Designation Form

TO BE COMPLETED BY EMPLOYEE:

By signing below, I acknowledge I have been informed of the San Francisco Paid Sick Leave Ordinance, Chapter 12W of the San Francisco Administrative Code, the City of Oakland Ballot Measure FF, City of Emeryville Ordinance No. 15-004, and/City of Berkeley Municipal Code 13.100, whichever is applicable.

I further acknowledge that I do not have a spouse or registered domestic partner under any state or local law.

I designate _____ as the person for whom I may use San Francisco, Oakland, Emeryville or Berkeley Paid Sick Leave to provide aid or care when he or she is ill, injured, or receiving medical care, treatment, or diagnosis. I understand that this is an annual designation and can only be changed during the Benefits Open Enrollment period or if I become eligible before or after the applicable Benefits Open Enrollment period. If I have a spouse or registered domestic partner in the future, I will be responsible to notify my supervisor of this change and I will no longer be able to use San Francisco, Oakland, Emeryville or Berkeley Paid Sick Leave to care for the person I have designated above.

I certify under the penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge.

Signature

Print Name

Personnel Number

Address

Telephone Number (include area code)

City, State, Zip Code

Date



Distribution:

Supervisor

Employee

PG&E HR Service Center