



## CITY AND COUNTY OF SAN FRANCISCO

### PAID PARENTAL LEAVE – EMPLOYEE ACKNOWLEDGEMENT

---

Name: \_\_\_\_\_  
(Please print) (Social Security No.)

Address: \_\_\_\_\_  
(Street) (City, State ZIP)

Department: \_\_\_\_\_  
(Number) (Name)

Dates of Leave: \_\_\_\_\_  
(From) (Through)

---

#### If I voluntarily separate from City service:

- prior to returning to work from a Paid Parental Leave; or
  - within six months of returning to work after a Paid Parental Leave:
1. I understand that under the San Francisco Charter, Section A8.365, I am responsible for repaying with interest all Paid Parental Leave supplemental pay and the pecuniary value of any benefits ("Compensation") as described in Section A8.365.5;
  2. I understand that interest paid shall be calculated at a rate equal to the greater of the rate received for the concurrent period by:
    - the Treasurer's Pooled Cash Account; or
    - the minimum amount necessary to avoid imputed income under the Internal Revenue Code of 1986, as amended from time to time, and any successor statute;
  3. I understand that I will be responsible for repaying Compensation received in equal monthly installments over a period not to exceed 5 years, and commencing 30 days following my separation from City employment.

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

Return this completed form with your Request for Family and Medical Leave form to your department's personnel representative.

cc: Official Employee Personnel Folder