



## RECREATION AND PARK INFORMATION PACKET

THE ATTACHED DOCUMENT PACKET IS FOR YOUR REVIEW AND INFORMATION.

YOU ARE REQUIRED TO SIGN THE “APPOINTMENT PROCESSING CHECKLIST” ACKNOWLEDGING THAT YOU HAVE RECEIVED AND READ THE ATTACHED DOCUMENTATION.

01/2026



CITY AND COUNTY OF SAN FRANCISCO  
 OFFICE OF THE CONTROLLER  
 PAYROLL DIVISION

20  26

GREG WAGNER  
 CONTROLLER

CHRISTIE BEETZ  
 PAYROLL DIRECTOR

PAYDAY & HOLIDAY CALENDAR

2026	JANUARY						2026
SUN	MON	TUE	WED	THU	FRI	SAT	
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2026	DECEMBER						2026
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 PAYDAY       LEGAL HOLIDAY       OBSERVED HOLIDAY       PAY PERIOD END DATE



## NOTICE TO EMPLOYEES OF THE RECREATION AND PARK DEPARTMENT

### ASBESTOS IN BUILDINGS

In January of 1989, Assembly Bill 3713 was signed into law and added to the California Health and Safety Code. This bill provides for written notice to employees concerning specific matters related to working in a building with asbestos-containing construction materials. It applies to buildings built before 1979 where the owner knows that the building contains asbestos-containing materials; it does not require that a building be surveyed to determine the presence of asbestos.

#### WHAT IS ASBESTOS?

Asbestos is a naturally occurring group of fibrous minerals which have been used extensively in public buildings, apartment buildings and homes. Asbestos was incorporated into pipe insulation, acoustic plaster, acoustic tile, duct and furnace insulation, floor tiles, textiles and hundreds of other building materials. In most City buildings, asbestos is located in insulation on piping systems, acoustic plaster on ceilings, acoustic ceiling tile, vinyl asbestos floor tiles, and structural fireproofing.

This notification includes the results of any air monitoring or bulk sampling for asbestos that has been conducted in your building during the previous calendar quarter.

#### WHY IS ASBESTOS HAZARDOUS?

Asbestos is only hazardous when it has been made airborne because of the potential health risks associated with breathing asbestos fibers. It is important for you to know that most people with asbestos-related diseases were asbestos workers before 1972. These workers were repeatedly exposed to high levels of asbestos each working day with little or no protection. Asbestos workers today are required to follow specific work procedures and wear appropriate protection to minimize exposure.

Significant exposure to asbestos fibers can lead to asbestosis and certain forms of cancer. Asbestosis is one of the many dust-related lung diseases. It is associated with chronic exposure to relatively high levels of asbestos and is characterized by the permanent deposition of asbestos fibers in the respiratory tract. The earliest and most prominent clinical finding, breathlessness upon exertion, rarely becomes apparent until after at least a decade of exposure.

In addition to asbestosis, the association of asbestos and lung cancer has been well established over the past two decades. Scientists have studied insulation and shipyard workers who were exposed to HIGH AIRBORNE LEVELS of asbestos. These studies indicated that asbestos workers were about five times as likely to get lung cancer as non asbestos workers who did not smoke. Asbestos workers who also smoke were found to be at much greater risk (about 50 times) of dying of lung cancer than nonsmoking non asbestos workers. Mesothelioma, a rare form of cancer of the chest or abdominal cavity, occurs among occupational groups exposed to certain types of asbestos.

#### ASBESTOS SAMPLING RESULTS

A [summary of the locations of known asbestos-containing materials](#) or results of air monitoring for asbestos is attached to this notice.

A variety of exposure standards and health action levels have been established for various purposes:

The Occupational Safety and Health Administration (OSHA) asbestos standards (Title 29 of the Code of Federal Regulations), which apply to employees who actually work with asbestos, mandate a permissible exposure limit (PEL) of 0.1 fibers per cubic centimeter of air (f/cc) determined as an 8 hour time-weighted average (TWA) and an excursion limit of 1 f/cc as a 30 minute TWA. When employees are exposed at these levels, OSHA and Cal OSHA (Title 8 of the California Code of Regulations) require medical monitoring and other control methods.

The Environmental Protection Agency (EPA) has recommended a "clearance level" for asbestos of 0.01 f/cc, as measured by phase contrast microscopy (PCM) or 0.02 structures/cc as determined by the transmission electron microscopy (TEM) method



described in 40 CFR Part 763, the Asbestos Hazard Emergency Response Act (AHERA). This means that once an operation involving asbestos (such as a removal) is complete, the area is "safe" for re-occupancy as long as the asbestos air concentrations are less than or equal to the "clearance level". These same levels have also been adopted in the California Education Code (Section 494200.7) as the school abatement clearance level.

The state of California has an additional requirement relating to disclosure of the presence of asbestos. Proposition 65, which was voted into law by the state citizens, basically requires posting of areas where anyone is exposed to a carcinogen at a level where there is a significant risk of cancer. The California Health and Welfare Agency has established this level at 100 fibers of asbestos per day.

## GENERAL PROCEDURES AND

### HANDLING RESTRICTIONS

As previously stated, the concern is with asbestos fibers in the air. When asbestos materials are in good condition, it is unlikely that fibers will be released into the air, unless the asbestos materials are damaged or disturbed. Asbestos-containing materials must not be disturbed so that fibers do not get into the air. Do not cut into, drill into, nail, or pin anything onto, sand, move, bump, rub against or otherwise disturb any asbestos-containing materials. If you should discover any damaged asbestos-containing material, do not touch it; do not attempt to clean it up. Contact your supervisor or building representative/manager immediately and report the situation.

City employees required to enter areas and perform work activities that might involve the disturbance as asbestos materials have been trained in the proper procedures to minimize exposure. Work that requires major disturbances of asbestos material (such as a removal) is performed under specifications which include work practice procedures, removal techniques, clean up and clearance air sampling.

If any construction, maintenance, or remodeling is conducted in an area of the building where there is the potential for employees to come in contact with, or release or disturb asbestos containing building materials, it is required that the area be posted with a clear and conspicuous warning sign. The warning sign must read:

"CAUTION. ASBESTOS

CANCER AND LUNG DISEASE HAZARD

DO NOT DISTURB WITHOUT PROPER TRAINING AND EQUIPMENT"

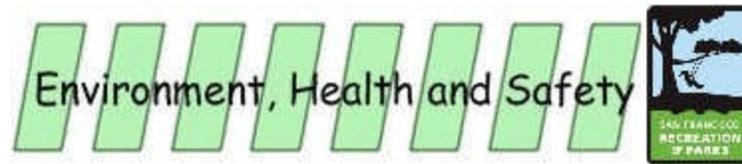
Much of this information may be new to you. If you have questions about asbestos, you may call the Environmental Health Management Section Asbestos Program at 252-3950 to have your questions answered.

This written announcement fulfills the asbestos notification requirement of Division 20, Chapter 10.4, Section 25915 of the California Health and Safety Code (Assembly Bill 3713).

## SITE SPECIFIC INFORMATION

The following pages are a summary of asbestos bulk sampling or air monitoring results that have been conducted at

the Recreation and Park Department. Copies of the full sampling reports are available for review and photocopying at McLaren Lodge between the hours of 8:00 A.M. and 5:00 P.M. at the Occupational Environment, Health & Safety office. In general, any inquiries regarding asbestos should be made to the facilities maintenance staff located at the Structural Maintenance Yard (753-7013).



Recreation and Park Department facilities have been surveyed for asbestos-containing materials. Note that if reports were generated prior to 2002, the only information posted will be an Executive Summary, not the entire report. If you want to see a copy of the full report, contact EHS. Clicking on the building name will bring up the PDF for the building survey.

Removal of asbestos-containing materials (ACM) has occurred at many locations. RPD removes damaged ACMs that may cause a potential exposure hazard. In addition, ACMs are removed if they would be disturbed during the course of renovation or demolition. Reports are listed below the building name and are called out by location within the building and approximate date the abatement was performed.

To look for a specific building quickly, use Ctrl-F or the Find function, and enter the name of the facility. Note that all files are in pdf format.

- [3COM Stadium \(Candlestick Park\)](#)
  - Boiler Room - [Abatement Report - June 2007](#)
  - Locker Room - [Abatement Report - July 2009](#)
- [Angler's Lodge](#)
- [Aptos Playground \(Latchkey Program Office\)](#)
- [Argonne Clubhouse](#)
- Asian Art Museum Demolition - [Ambient Air Quality Monitoring Report](#)
- [Balboa Pool](#)
  - [Abatement Report - February 2008](#)
- [Bernal Heights Recreation Center](#)
- [Bowling Green Clubhouse \(Golden Gate Park\)](#)
- [Cabrillo Clubhouse](#)
- [Camp Mather \(cottage/facilities\)](#)
  - Bath House B, Men's and Women's Shower Room Abatement [Report](#) - October 2009
  - Bath House C, Women's Shower Abatement [Report](#) June 2008
  - Bath House C, Men's Shower Abatement [Report](#) September 2008
- [Cayuga Playground Clubhouse](#)
  - Cayuga Clubhouse Roof Removal [Report](#) (4/03)
  - Cayuga Small-Scale Floor Tile Removal [Report](#) (3/04)
- [Children's Carousel \(Golden Gate Park\)](#)
- [Chinese Recreation Center](#)
- [Christopher Clubhouse](#)
- [Civic Center Parking Garage](#)
- [Coffmann Pool](#)
- [Coit Tower](#)

- [Conservatory of Flowers](#)
  - [Asbestos and Lead Abatement Monitoring Report](#) - Phase I, January 30, 2001 (scanned text only)
  - [Asbestos and Lead Abatement Oversight Report](#) - East Wing, December 12, 2001 (executive summary only)
  - [Asbestos and Lead Abatement Oversight Report](#) - Phase IV Dome, December 17, 2002 (executive summary only)
- [County Fair Building \(Hall of Flowers\)](#)
- [Cow Hollow Playground Clubhouse](#)
- [Crocker Amazon Playground Clubhouse](#)
- [Douglass Playground](#)
- [Duboce Park \(Harvey Milk\)](#)
- [Eureka Valley Recreation Center](#)
  - Removal of Asbestos Containing Materials [Report](#) - Electrical Closet & Exterior Restrooms, November 2004
  - Hazardous Materials Abatement [Report](#) - Mezzanine & Roof
  - Removal of Asbestos Containing Roofing - [Report](#) September 2005
- [Excelsior Playground Clubhouse](#)
- Exploratorium Roof Sample [Results](#) - February 2006
- [Fay Residence and Garden](#)
  - Removal of Asbestos Containing Roofing Material [Report](#) - July 2002
- [Fulton Playground Clubhouse](#)
- [Garfield Recreation Center](#)
  - Pipe Insulation Removal [Report](#) - November 2003
- [Glen Park Recreation Center](#)
- Golden Gate Park
  - Bowling Green - Roof Removal [Report](#) - May 2005
  - Carousel Concession Stand
    - Roof Sample [Report](#) - January 2007
    - Roof Abatement [Report](#) - June 2007
  - Golf Course Survey [Report](#)
    - Clubhouse Roof Removal [Report](#) - November 2004
  - Murphy Windmill and Cottage Abatement
  - Northwest Reservoir Roof Removal Abatement [Report](#) - June 2011
  - Park Aid Station - Carpet Mastic Bulk Sample [Results](#) - December 2005
  - Polo Field - S. Training Quarter Restroom Roof Removal [Report](#) - April 2006
  - Rhodie Dell - Roof - Bulk Sample [Results](#) - December 2005
  - Structural Maintenance (3 Offices) - Removal of floor tile [Report](#)
  - Structural Maintenance -
    - Auto Shop - Removal of ACM Office Materials [Report](#) - October 2009
    - Paint Shop - Removal of Roofing [Report](#) - June 2006
    - West Maintenance Shops - Removal of Roofing [Report](#) - March 2007
  - Tennis Pro Shop Survey [Report](#)
  - Various Roofs Asbestos Surveys [Report](#) - June 2004
- [Grattan Playground Clubhouse](#)
- [Hamilton Park Recreation Center](#)
  - Pipe Insulation Removal [Report](#) - November 2003
  - Wall Coating Abatement Monitoring [Report](#) - June 2008
- [Harding Golf Course Clubhouse](#)
- [Harding Golf Course Restaurant](#)
- [Hayes Valley Community Center](#)
- [Helen Crocker Russell Library \(County Fair Building\)](#)

- [Helen Willis Playground Clubhouse](#)
  - Pre-demolition Removal of Asbestos-Containing Materials [Report](#) - July 2004 Clubhouse, Tennis, Baseball and Basketball courts
- [Herz Playground Clubhouse](#)
- [Hunters' Point Gymnasium](#)
- [Jackson Playground Clubhouse](#)
  - Roof Removal [Report](#) - July 2005
- [Japanese Tea Garden Gift Shop](#)
- [Joe DiMaggio Roof Abatement \[Report\]\(#\)](#) - November 2007
- [Joseph Lee Recreation Center](#)
  - Pre-Renovation Abatement [Report](#) - December 2006
- [JP Murphy Playground Clubhouse](#)
- [Julius Kahn Clubhouse](#)
- [Junipero Serra Playground Clubhouse](#)
- [Kezar Pavilion](#)
  - Boiler Room Pipe Insulation Removal [Report](#) - March 2008
  - Heater related Pipe Insulation Removal [Report](#) - November 2005
- [Kezar Stadium Annex Roof Removal \[Report\]\(#\)](#) - July 2009
- [Kimball Playground Clubhouse](#)
- [Lake Merced Boathouse](#)
- [Laurel Hill Playground Clubhouse](#)
- [Lincoln Park Clubhouse](#)
  - Roof Abatement [Report](#) - December 2008
  - Boiler Room Abatement [Report](#) - September 2010
- [Louis Sutter Clubhouse](#)
- [Marina Green, East, Restroom](#)
- [Marina Yacht Harbor, Harbormaster's Office](#)
- [Martin Luther King Jr. Pool](#)
- [McCoppin Square Clubhouse](#)
  - Drywall Removal [Report](#) - December 2006
- [McLaren Lodge](#)
  - Basement TSI Removal [Report](#) - March 2009
  - 1st Floor Hallway - Floor Tile Removal [Report](#) - January 2010
- [McLaren Lodge Annex](#)  
Basement - Removal of Asbestos Containing Thermal System Insulation [Report](#) (3/02)
- Conference Room - Removal of Asbestos Containing Ceiling Tiles [Report](#)
- [Midtown Terrace Playground](#)
- [Miraloma Playground Clubhouse](#)
  - Survey [Report](#) - January 1996
  - Roof Removal [Report](#) - August 2011
- [Mission Dolores Clubhouse](#)
- [Mission Pool/Recreation Center](#)
- [Model Boat House, Golden Gate Park](#)
- [Moscone Recreation Center](#)
- [North Beach Pool/Clubhouse](#)
  - Sidewalk Vault, Thermal System Insulation Removal August 2003 [Report](#)
  - Pre-Renovation Abatement November 2004 [Report](#)
- [Nursery \(Golden Gate Park\)](#)
- [Oceanview Recreation Center](#)
- [Palega Kitchen Survey - January 2007](#)

- [Park Emergency Aid Station \(Golden Gate Park\)](#)
- [Peixotto Playground and Nursery School](#)
- [Pine Lake Park Clubhouse](#)
- [Pioneer Log Cabin, Golden Gate Park](#)
- [Porotola Recreation Center](#)
- [Potrero Hill Recreation Center](#)
  - Boiler Room - Thermal System Insulation Removal September 2007 [Report](#)
  - Roof Removal February 2006 [Report](#)
  - Lower Roof Removal June 2007 [Report](#)
- [Presidio Heights Clubhouse](#)
- [Randall Museum](#)
  - Acoustic Ceiling Spot Abatement August 2003 [Report](#)
  - Boiler Room Abatement November 2002 [Report](#)
  - Boiler Room and Basement Abatement February 2003 [Report](#)
  - Plaster Removal in Office of 1st floor near Animal Exhibit Room - March 2009 [Report](#)
- [Richmond Playground](#)
  - Richmond Playground Small-Scale Floor Tile Removal [Report](#) (3/2002)
- [Rochambeau Clubhouse](#)
- [Rolph Playground](#)
  - Abatement Oversight [Report](#) - March 2007
- [Rossi Pool](#)
  - Limited [Survey](#) - February 2011
- [Saint Mary's Recreation Center](#)
- [Sava Pool/Clubhouse](#)
  - Pipe Insulation Removal [Report](#) - November 2003
  - Emergency Boiler Insulation Removal [Report](#) - July 2004
- [Sharp Park Clubhouse](#)
- [Silver Terrace Playground](#)
- [Silver Terrace Playground Bleachers](#)
- [Silver Tree Day Camp](#)
- [Stern Grove Clubhouse \(Trocadero\)](#)
- [Stow Lake Boathouse](#)
- [Sunnyside Recreation Center](#)
  - Floor tile Removal [Report](#) - October 2004
- [Sunset Recreation Center](#)
- [Union Square Parking Garage](#)
- [Upper Noe Recreation Center](#)
- Victoria Manola Draves Park Hazardous Materials Abatement [Report](#) and [Addendum](#) - December 2005
- [Visitacion Valley Playground Clubhouse](#)
- [Wawona Clubhouse](#)
- [West Portal Playground Clubhouse](#)
  - Pre-Renovation Abatement [Report](#), January 2004
- [West Sunset Playground Clubhouse](#)



## What is Disability?

Disability is an illness or injury, either physical or mental, which prevents you from doing your regular work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

## What is Disability Insurance?

Disability Insurance (DI) is a part of the State Disability Insurance (SDI) program. DI helps replace your income when you can't work as a result of a non-work-related disability. The program is funded through your SDI tax withholding. You are most likely eligible if you've paid into the SDI program (noted as "CASDI" on paystubs).

Elective Coverage is a plan where employers, the self-employed, and general partners may choose to be covered under SDI. Benefits and eligibility are determined differently between these plans. Find the annual cost of participating at your local [Tax Office](http://edd.ca.gov/office_locator) (edd.ca.gov/office\_locator) or by visiting [Disability Insurance Elective Coverage](http://edd.ca.gov/en/Payroll_Taxes/Disability_Insurance_Elective_Coverage) (edd.ca.gov/en/Payroll\_Taxes/Disability\_Insurance\_Elective\_Coverage).

Citizenship and immigration status do not affect eligibility for SDI benefits.



## What Are My Benefits During Pregnancy?

Your disability period begins the first day you are unable to do your regular work. DI benefits are based on the period of time your licensed health professional certifies you are unable to do your regular work. You can file a DI claim for your pregnancy-related disability, and recovery from delivery.

Without medical complications, you can receive benefits up to four weeks before your expected delivery date and up to six weeks after your delivery. For cesarean section, you can receive benefits up to eight weeks after delivery.

After your DI pregnancy claim ends, you may be eligible to receive up to eight weeks of Paid Family Leave (PFL) to bond with your new baby. A PFL bonding claim form is automatically sent with the final DI benefit payment.

## What If I Require Care During My Disability?

If you require care during your disability, your child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner may be eligible to receive up to eight weeks of PFL benefits to take time off work to care for you. For more information visit [California PFL](http://edd.ca.gov/en/disability/paid-family-leave) (edd.ca.gov/en/disability/paid-family-leave).



STATE OF CALIFORNIA  
LABOR AND WORKFORCE DEVELOPMENT AGENCY  
EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only, and does not have the force and effect of the law, rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



# Disability Insurance Provisions



## How Do I Apply for Disability Insurance Benefits?

1. Use [SDI Online](https://edd.ca.gov/SDI_Online) (edd.ca.gov/SDI\_Online) to file for benefits.

OR

You can request a paper claim form by:

- Visiting [Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).

- Calling 1-800-480-3287.

California state government employees covered by SDI should call 1-866-352-7675.

2. After you complete Part A – Claimant’s Statement, have your licensed health professional complete Part B - Physician/Practitioner’s Certificate online or by using a paper claim form. If you are filing online, SDI Online will provide you a receipt number once Part A is submitted. Your licensed health professional will need your receipt number to complete Part B.

A claim cannot begin more than seven days before you were examined by or under the care of a licensed health professional.

3. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) (edd.ca.gov/en/Disability/Appeals) for more information.

## What Happens Next?

- A properly completed claim takes two weeks to be processed.
- We will mail you a *Notice of Computation* (DE 429D) confirming we received your claim and providing your estimated benefit amount.
- You will know we approved your claim once you receive an *Electronic Benefit Payment (EBP) Notification* (DE 2500E).
- If more information is needed or if the claim has been denied, we will contact you.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related condition within 60 days of the first claim, it will be added on as a continuation of the initial claim. There is no additional waiting period.
- Benefits are paid once all information is received and you are approved. Benefit periods are two weeks at a time. If you are eligible for additional benefits, you will be sent the needed forms to complete and return. Allow 10 days for processing. If your benefits end midweek, that week will be paid at the daily rate. This rate is one-seventh of your weekly benefit amount.
- You will receive your benefits by the payment method you choose when filing a claim.



## How Are My Benefits Calculated?

They are based on your paychecks during a specific 12-month period (called a base period) 5 to 18 months before the start of your claim. To qualify, you must have earned at least \$300 in your base period.

Visit the [Disability Insurance and Paid Family Leave Calculator](https://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL\_Calculator) to get an estimate.

## What Affects My Ongoing Benefits?

You cannot be paid more than your normal weekly salary while receiving benefits. DI benefits are not affected by vacation pay you may receive.

## Is There a Maximum Amount to My Benefits?

The maximum amount is 52 times the weekly rate of your benefits, but not more than your total base period wages earned when you were employed.

Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Keep in mind that benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

## What Are My Rights If My Benefits Are Denied?

- **You can** know the reason and basis for any decision that affects your benefits.
- **You can** appeal any decision about your eligibility for benefits. Appeals must be sent to the DI office in writing.
- **You can** request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- **Your privacy** – all claim information will be kept confidential except for the purposes allowed by law.

## Contact DI

- English 1-800-480-3287.
- Spanish 1-866-658-8846.
- By US mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (for TTY users only) at 1-800-563-2441.
- In person by visiting any of the [DI Offices](https://edd.ca.gov/office_locator) (edd.ca.gov/office\_locator).

**If your disability is permanent** or is expected to continue for a year or more, contact the [US Social Security Administration](https://ssa.gov) (ssa.gov) or by phone at 1-800-772-1213 (TTY 1-800-325-0778).



## About California Paid Family Leave

California's Paid Family Leave program was created for those moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event.

## Facts About California Paid Family Leave

- Provides up to eight weeks of partial-wage-replacement benefits. Leave doesn't have to be taken all at once.
- Provides approximately 60 to 70 percent of your weekly salary.
- Funded through your State Disability Insurance tax withholding, noted as "CASDI" on paystubs, or a qualifying voluntary plan paid into in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

## What if My Claim Is Denied?

If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) (edd.ca.gov/en/Disability/Appeals) for information.

All claim information is confidential except for purposes allowed by law.



## Paid Family Leave

Be there for the moments that matter.

<b>English</b>	1-877-238-4373
<b>Spanish</b>	1-877-379-3819
<b>Cantonese</b>	1-866-692-5595
<b>Vietnamese</b>	1-866-692-5596
<b>Armenian</b>	1-866-627-1567
<b>Punjabi</b>	1-866-627-1568
<b>Tagalog</b>	1-866-627-1569
<b>TTY</b>	1-800-445-1312

Visit a [Paid Family Leave or State Disability Insurance Office](https://edd.ca.gov/en/Disability/InsuranceOffice) (edd.ca.gov/en/Disability/InsuranceOffice) near you to obtain claim forms, receive information, or speak to a representative.

For more information, visit:  
[edd.ca.gov/PaidFamilyLeave](https://edd.ca.gov/PaidFamilyLeave)

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



CALIFORNIA PAID FAMILY LEAVE

# Helping Californians be present for the moments that matter.





## Do I Qualify for California Paid Family Leave?

To qualify for Paid Family Leave benefits, you must:

- Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
- Be covered by State Disability Insurance or a voluntary plan in lieu of State Disability Insurance.
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

## How Are Benefit Amounts Calculated?

Benefits are 60 to 70 percent of your highest quarterly earnings 5 to 18 months before your claim begins.

Estimate your benefits at [Disability Insurance and Paid Family Leave Calculator](http://edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL\_Calculator).



## Does Paid Family Leave Provide Job Protection?

California Paid Family Leave does not provide job protection. Job protection may be provided if you qualify under other laws:

- [Federal Family and Medical Leave Act](http://dol.gov/agencies/whd/fmla) (dol.gov/agencies/whd/fmla).
- [California Family Rights Act. Civil Rights Department](http://calcivilrights.ca.gov) (calcivilrights.ca.gov).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

## How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits using [SDI Online](http://edd.ca.gov/SDI_Online) (edd.ca.gov/SDI\_Online).

To file by mail, you must complete and submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form. Learn more at [File a Paid Family Leave Claim by Mail](http://edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail) (edd.ca.gov/en/disability/How\_to\_File\_a\_PFL\_Claim\_by\_Mail).

## Caregiving Claims

Provide medical certification for your seriously ill family member who requires your care. This certification needs to be from their licensed health professional. You must also provide information about the family member you are caring for and their signature.

## Bonding Claims

Provide documents that show your relationship to your child. This can be a copy of your child's birth certificate, adoptive placement agreement, or foster care placement record.

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your SDI Online account or by mail when your pregnancy-related disability claim ends.

## Military Assist Claims

Military assist claims require two types of supporting documents. This can be proof of covered active duty or call to covered active duty and documentation of the qualifying event.

## Voluntary Plans

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.



## NOTICE OF CITY EMPLOYEE HANDBOOK UPDATE (2025)

The City and County of San Francisco (“CCSF”) Employee Handbook has been updated. In it you will find details pertaining to updated laws, policies, employee expectations and obligations.

Following is a list of a few items in the CCSF Employee Handbook:

- Equal Employment Opportunity (EEO), How to Get Help and Anti-Retaliation
- Information about City and County Employment, Job Opportunities and Examinations
- Appointment, Referral and Hire, Conviction History Policy
- Performance Plan and Appraisals
- Separation Procedures, Layoffs and Terminations
- Retirement
- Employee Benefits, Flexible Spending Accounts
- Leaves, FMLA
- Workers’ Compensation
- Workplace Violence Prohibited
- Employee Obligations, Drug-Free Workplace
- Use of City Property for Business Purposes Only

The link to the CCSF Employee Handbook is: <https://sfdhr.org/sites/default/files/documents/Forms-Documents/Employee-Handbook.pdf>. If you would like a hard copy of the handbook, please contact Human Resources. Please read through the updated Employee Handbook carefully.

The CCSF Employee Handbook serves as the City’s general guidelines and expectations; however, the Recreation and Park Department’s rules and policies are intended to be more specific. The link to the Department’s Employee Handbook is: [https://rpdnet.wpenginpowered.com/wp-content/uploads/RPD-EMPLOYEE-HANDBOOK\\_Jan2025.pdf](https://rpdnet.wpenginpowered.com/wp-content/uploads/RPD-EMPLOYEE-HANDBOOK_Jan2025.pdf) you should also refer to your applicable MOU, because certain provisions in the MOU would have precedence over the provisions in the Employee Handbook. The link to the City’s MOU’s is: <https://www.sf.gov/resource/2023/labor-agreements-city-and-county-san-francisco> .

Should you have any questions regarding the Employee Handbook, please call 415-831-2776 or you may email your questions to: [Rich.David@sfgov.org](mailto:Rich.David@sfgov.org).

Recreation and Park Department  
Human Resources





MEMORANDUM

DATE: August 9, 1989  
TO: ALL EMPLOYEES  
FROM: ART AGNOS, Mayor  
Department Health  
RE: DRUG FREE WORKPLACE NOTICE

In conformance with the Drug Free Workplace Act of 1989, the City and County of San Francisco reaffirms its commitment to maintaining a drug free workplace.

Employees are reminded that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace. Any employee violating this prohibition shall be subject to discipline up to and including termination and/or will be required to complete a drug abuse assistance or rehabilitation program.

In addition, after March 18, 1989, each employee engaged in activities funded by Federal grant must notify the department head of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

The City is establishing a Drug Free Awareness Program to keep city employees informed about a) the dangers of drug abuse in the workplace; b) the City's policy of maintaining a drug free workplace; c) available drug counseling, rehabilitation and employee assistance programs; and d) the penalties that may be imposed on employees for drug abuse violations.

It is in the best interest of the City, its employees and the public they serve, to keep drugs out of the workplace. If you have any questions regarding this notice, please contact your department's personnel officer or department head.

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## **POLICY ON LANGUAGE DIVERSITY**

### **PURPOSE STATEMENT**

The City and County of San Francisco's (City) cultural and racial composition and its workforce are among the most diverse in the nation. Therefore, the City reaffirms its Policy on Language Diversity, which fosters acceptance and prevents intergroup tensions as related to the use of languages other than English in the provision of public services and the employment of individuals whose primary language is not English.

The City recognizes that a workforce that speaks languages other than English enhances the services provided to the City's culturally diverse public by providing efficient and accessible public services to its non-English speaking communities.

Additionally, the Equal Access to City Services for Limited English Speakers Ordinance makes it the City's policy to provide equal access to City services to all San Franciscans, including those with limited proficiency in English.

All employees of the City are advised that an employee's use of a language other than English is not only an asset in the provision of public services but, with few exceptions, is a legally protected right.

The City also reaffirms its equal employment opportunity policy that ensures the opportunity for employment of an ethnically and culturally diverse workforce wherein individuals shall enjoy equal application of the terms and conditions of employment, including the right to speak their primary language.

### **LEGAL REQUIREMENTS**

The City's policy complies with the guidelines of the U.S. Equal Employment Opportunity Commission, which state that prohibiting employees from speaking their native language in the workplace may result in unlawful national origin discrimination under Title VII of the Civil Rights Act of 1964 (Title VII).

A rule that requires employees to speak only English at all times may violate Title VII as a burdensome term and condition of employment since the primary language of an employee is often an essential national origin characteristic. Therefore, a department may only have a rule requiring that employees speak only English at certain times where an employer:

1. shows that the rule is justified by business necessity;
2. notifies their employees of the speak-only-English rule and of the general circumstances when speaking only English is required; and
3. notifies employees of the consequences of violating the rule.

There are few circumstances under which a policy will meet the "business necessity" test. Justifications such as "Supervisors can't understand what employees are saying," "English speaking employees suspect that non-English speaking employees are talking about them," and "The policy will enhance the public

image,” are not sufficient to meet the business necessity requirement. Departments must confer with the City Attorney prior to implementing an English-only rule.

## **DUAL RESPONSIBILITY**

Supervisors and line employees have a shared responsibility for maintaining a work environment that is comfortable and productive for everyone. Where co-workers or clients express concerns about employees speaking in a language other than English, supervisors should work toward informally resolving these interpersonal difficulties in a constructive and sensitive manner.

To assure effective communication during emergencies and constructive discussion of assignments, work performance, and work rules, supervisors and employees should expect that any direct communications be conducted in a commonly understood language.

## **POLICY IMPLEMENTATION**

Each department’s Appointing Officer is responsible for implementation of this Policy on Language Diversity. The Human Resources Director is responsible for ensuring compliance with this policy.

Employees and applicants for employment who believe that they have been subjected to unlawful conduct in violation of this policy may file a complaint with the City’s Department of Human Resources, EEO Division (DHR EEO) under the provisions of Civil Service Commission Rules. Instructions on how to file a complaint are available from the DHR EEO Division, located at 1 So. Van Ness Ave., 4th Floor, by calling (415) 557-4900 or (415) 557-4810 (TTY), or the City’s DHR website: [www.sfdhr.org](http://www.sfdhr.org). Complaints may also be filed with the California Department of Fair Employment and Housing (DFEH) or the U.S. Equal Employment Opportunity Commission (EEOC).

## **DISTRIBUTION OF POLICY**

Appointing Officers and/or Department Heads are responsible for assuring that all employees are aware of this policy. In addition to distributing this policy to all employees, departments are required to post it in a conspicuous manner on departmental or employee bulletin boards. Further, this policy is to be included in the department’s new employee orientation.

Revised: 2/2018



Edwin M. Lee  
Mayor

Micki Callahan  
Human Resources Director

## MEMORANDUM

**Date:** Jan. 19, 2017  
**To:** All City and County of San Francisco Employees  
**From:** Micki Callahan  
 Human Resources Director  
**Subject:** Reminder about Sanctuary City Obligations

This memo is being issued to remind City and County of San Francisco (City) departments and employees of their duties under the San Francisco Charter and Administrative Code. All people seeking or receiving City services must be treated with equal dignity, respect for human rights, and due process under the law, regardless of immigration status. This includes informing them of their rights and access to services, as well as giving out general and/or translated information on services and programs that is timely, accurate and complete.

Departments must ensure that their rules, regulations, and protocols adhere to San Francisco's sanctuary city laws, codified at Chapters 12H and 12I of the Administrative Code. Although federal law states that a "local government entity or official may not prohibit, or in any way restrict, any government entity or official from sending to, or receiving from, the Immigration and Naturalization Service information regarding the citizenship or immigration status, lawful or unlawful, of any individual" (8 U.S.C. § 1373), Chapters 12H and 12I impose other types of restrictions, which are consistent with federal law and are summarized below.

Department employees acting in their official capacities may not use City funds or resources to:

- a) Assist or cooperate with any investigation, detention, or arrest procedures, public or clandestine, conducted by federal immigration authorities (ICE) and relating to alleged violations of the civil provisions of federal immigration law.
- b) Request or give out information regarding the release status or personal information of any individual, except as permitted under Administrative Code Section 12I.3.
- c) Condition the receipt of City services or benefits on immigration status, except as required by federal or state statute or regulation, public assistance criteria, or court decision.
- d) Include any question regarding immigration status (other than those required by federal or state statute, regulation, or court decision ) on any application, questionnaire, or interview form used in relation to benefits, services, or opportunities provided by the City.
- e) Detain an individual on the basis of a civil immigration detainer after that individual becomes eligible for release from custody. (See Administrative Code § 12I.3(a).)
- f) Respond to a federal immigration officer's request for notification of an individual's release, unless the individual meets specified criteria listed in Administrative Code section 12I.3(c).

It's important to make sure all City employees are aware of these rules. Departments may include education on the City's sanctuary city laws in regular employee trainings and orientations based on templates that will be established by the Office of Civic Engagement and Immigrant Affairs (OCEIA).

Departments are reminded to include education on Administrative Code Chapters 12H and 12I in regular community outreach.

This memorandum is provided as a general summary of the City's sanctuary city laws and is not a substitute for legal advice. State and federal law may impose additional obligations. If you have any questions about how to apply the City's sanctuary city laws to a particular situation, please contact your manager or the Deputy City Attorney assigned to your department.

## POLICY PROHIBITING VIOLENCE IN THE WORKPLACE

### PART I: PROHIBITING EMPLOYEE VIOLENCE IN THE WORKPLACE

Under the authority of Section 3.660 of the Charter of the City and County of San Francisco, the Civil Service Commission adopts the following policy on workplace safety:

#### I. POLICY

It is the policy of the City and County of San Francisco to require employees to treat co-workers and members of the public with courtesy and respect. The City and County of San Francisco will not tolerate any assaults, battery or threats or acts of violence by employees in the workplace.

Employees are also prohibited from bringing weapons to the job, unless required by the City and County department in the performance of the employee's official duties. Weapons include, but are not limited to, firearms, knives or weapons defined in the California Penal Code Section 12020.

Failure to comply with this policy may result in employee discipline up to and including termination.

#### II. REPORTING

Employees have the responsibility to report any threats or acts of violence to their respective supervisors. When notified by a health care provider of a threat against an employee ("Tarasoff Warning"), the department head, Human Resources official, personnel official, or designee shall notify the affected employee as soon as possible.

#### III. INVESTIGATION

Supervisors and managers through the department head, Human Resources official, personnel official, or designee have the responsibility to investigate any reported incidents of threats or acts of violence by any employees and to take appropriate action.

#### IV. REMEDIAL ACTION

Appropriate action taken by the department head, Human Resources official, personnel official, or designee may include, but is not limited to, one or more of the following depending on the nature of the threat or act of violence:

- Calling Emergency Response "911," if the threat is immediate and life threatening;
- Placing the employee on administrative leave in accordance with Charter Section 8.341 or suspension in accordance with Charter Section 8.342;
- Referring the matter to the City Attorney to determine if a restraining order is appropriate;
- Requesting the Human Resources Director to schedule a medical examination to determine fitness for duty;
- Imposing disciplinary action up to and including dismissal or termination;
- Admonishing the employee(s) that such behavior is unacceptable and will not be tolerated;
- Referring the employee to the Employee Assistance Program or to a health care/medical provider.
- Any employees who are a target of an act or threat of violence may be referred to the Employee Assistance Program or other support services;
- Other measures may be taken as appropriate under the circumstances.

Adopted April 3, 1995.

# **EMPLOYMENT RIGHTS FOR PERSONS WITH DISABILITIES** **IN THE CITY AND COUNTY OF SAN FRANCISCO**

## **POLICY**

The Americans with Disabilities Act (ADA) and California's Fair Employment and Housing Act (FEHA) prohibit employment discrimination against qualified applicants and employees on the basis of disability. In accordance with the law, it is the policy of the City and County of San Francisco to provide equal employment opportunities to qualified individuals with disabilities.

## **WHO IS PROTECTED?**

The law covers qualified applicants and employees with disabilities. A qualified individual with a disability is defined as an individual with a disability who meets the skill, experience, education and other job-related requirements of a position held or sought, and who, with or without reasonable accommodation, can perform the essential functions of the job.

A person with a disability is an individual who:

- has a physical or mental impairment that limits a major life activity; or
- has a record of such an impairment which is known to the employer; or
- is regarded by the employer as having, or having had, such an impairment; or
- is regarded by the employer as having, or having had, a disorder or condition that has no present disabled effect, but that may become a disability.

Impairments that require special education or related services are also disabilities.

Major life activities include seeing, hearing, breathing, walking, speaking, learning, working, caring for oneself, performing manual tasks, lifting, and other physical, mental and social activities, etc.

## **YOUR RIGHTS UNDER THE LAW**

### **Applicants**

- An employer must provide equal employment opportunity for qualified applicants with disabilities to enable them to participate in the job application process and to be considered for a job.
- Reasonable accommodations must be provided, as needed, to ensure that individuals with disabilities have equal opportunity in the application and

selection process, unless to do so would be an undue hardship or pose a direct threat to the health and safety of others.

- An employer does not have to accommodate individuals who are not otherwise qualified for the position that they seek.
- Tests must be job-related, that is, designed to measure the skills and abilities that an employee will need on the job.
- The law prohibits discrimination, but does not require affirmative action. The employer is free to hire the most qualified applicant.

### Employees

- The law prohibits discrimination in all employment practices, including, but not limited to, promotion, transfer, termination, compensation, job assignments, leaves of absence, fringe benefits, training, activities, and any other term, condition, or privilege of employment.
- The employer must provide reasonable accommodations to qualified employees with disabilities, unless to do so would be an undue hardship or pose a direct threat to the health and safety of others.
- An employer does not have to accommodate employees who are not otherwise qualified for the position that they hold.

### Medical Examinations and Inquiries

- An employer may not require applicants to take medical examinations or answer any disability-related questions. The employer may ask a job applicant or employee about his or her ability to perform job-related functions and may respond to an applicant's or employee's request for reasonable accommodation.
- Once a conditional offer of employment has been made, the employer may require a medical examination or ask disability-related questions, provided that the examination or question is job-related and consistent with business necessity and all entering employees in the same job classification are subject to the same examination or question.
- An employer may require medical examinations or ask disability-related questions of an employee, provided that the examination or question is job-related and consistent with business necessity.
- An employer may require medical documentation to evaluate a request for reasonable accommodation by an employee or an applicant.

- Tests to detect illegal use of drugs are permitted under the law and are not subject to the above restrictions.

### **Confidentiality**

Medical-related information shall be confidential, except for those supervisors, safety personnel, compliance officers, or other specified individuals who have a need to know.

### **HOW TO REQUEST A REASONABLE ACCOMMODATION**

**In general, it is the responsibility of the individual with a disability to inform the employer that an accommodation is needed.** A reasonable accommodation is a modification or adjustment to a job, employment practice, or work environment which enables a qualified individual with a disability to enjoy equal employment opportunity. An employee may request to be represented in this process by the employee's union, attorney, or any other individual designated by the employee.

### **Applicants**

- To request a reasonable accommodation in the application and selection process, contact the personnel analyst or personnel officer at the number or address on the job announcement as soon as you are aware that an accommodation will be needed.

### **Employees**

- An employee may request a reasonable accommodation by notifying the employee's supervisor, personnel officer, ADA coordinator, or department head. Such request may be made verbally or in writing by the employee or his or her representative. The employee will be provided with information on the reasonable accommodation process and the necessary forms to be completed by the employee and the employee's doctor or health care provider.
- When the completed forms are returned, the department's ADA coordinator will review the information to determine if the employee is a qualified individual with a disability, and if so, whether an accommodation is appropriate. The coordinator may confer with the employee's supervisor, the employee's health care provider, or the ADA coordinator in the Department of Human Resources to review the requested accommodation and/or other alternatives. The coordinator will also contact the employee to discuss the requested accommodation and/or alternatives.
- This process will be completed as quickly as possible. However, if the information on the forms is incomplete or unclear, the process may be delayed. The employee who is requesting reasonable accommodation should make sure that forms are completed accurately and returned as soon as possible. The department will provide the employee with a written update on the status of the request within fifteen days from the day that the request is acknowledged.

- The department ADA coordinator will review the recommended action with the department head and with DHR, and will notify the employee of the department's decision on the request. If the request is not approved, the employee will be informed of other options that could be explored.

## **ADA PLACEMENTS**

If a qualified disabled employee cannot be accommodated in the employee's current class in the current department or to another class in any department, the department will refer the employee to the Department of Human Resources for consideration of an ADA placement to the same class in a different department, or to another class in any department.

## **APPEAL AND COMPLAINT PROCEDURE**

An employee may appeal a department's interpretation and/or implementation of the procedures for reasonable accommodation to the Human Resources Director. An employee or applicant who believes that he or she has been discriminated against in an employment action or reasonable accommodation request may make a complaint with the equal employment opportunity officer or ADA coordinator in either the employee's department or in the Department of Human Resources; or through the grievance procedure of the appropriate employee organization. An employee or applicant may also file a complaint with the California Department of Fair Employment and Housing or the Federal Equal Employment Opportunity Commission.

## **RESOURCES**

- Departmental ADA Coordinator or Personnel Officer in your department
- City's EEO Division, DHR, 1 South Van Ness Avenue, 4th Floor, San Francisco, CA., 94103; 557-4832 or 557-4838, DHR TDD 775-9484; [www.sfgov.org](http://www.sfgov.org)
- Department of Fair Employment and Housing (DFEH), 39141 Civic Center Drive, Fremont, CA 94538, 1-800-884-1684; TTY 1-800-700-2320; [www.dfeh.ca.gov](http://www.dfeh.ca.gov)
- Equal Employment Opportunity Commission (EEOC), The Philip Burton Federal Building, 450 Golden Gate Avenue, 5<sup>th</sup> floor West, P. O. Box 36025, San Francisco, CA 94105; 1-800-669-4000; TTY 1-800-669-6820 [www.eeoc.gov](http://www.eeoc.gov)



## HOW TO FILE A DISCRIMINATION, HARASSMENT, OR RETALIATION COMPLAINT

### **AUTHORITY:**

The authority to investigate complaints of employment discrimination, harassment, and retaliation stems from the San Francisco Charter, Section 10.103, and Civil Service Commission Rules (Volume 1, Rule 103; Volume II, Rule 203; Volume III, Rule 303; Volume IV, Rule 403). The Human Resources Director is responsible for the review and resolution of complaints. The Director may designate personnel to investigate complaints and make recommendations for resolution.

The role of the Equal Employment Opportunity (EEO) investigator is that of an objective third party, representing neither the complainant (employee/applicant), nor the respondent (department).

### **COMPLAINT PROCESS:**

**Basis:** Discrimination and harassment complaints submitted for investigation must be based on a violation of civil rights on account of one or more of the following: sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, sexual orientation, gender, gender identity, gender expression, military and veteran status, or other protected category under the law.

Retaliation against any employee or applicant who reports, files a complaint of, or otherwise opposes conduct they reasonably believe to be unlawful discrimination, harassment, or retaliation, or assists in the investigation of a complaint, is also prohibited.

**Issues:** Actions complained of may include the following: Denial of Employment, Denial of Training, Denial of Promotion, Denial of Reasonable Accommodation (for disability or religion), Termination, Lay-Off, Constructive Discharge, Disciplinary Action, Harassment, Work Assignment, Sexual Harassment and Compensation. Other issues, such as a disagreement regarding Department rules or regulations affecting working conditions, may be subject to review through the Employee Grievance procedure.

**Filing:** Submit an email or letter that describes your complaint. You may wish to contact your department EEO or Human Resources personnel, the City and County of San Francisco's (City's) Department of Human Resources, EEO Division, or your employee representative, to assist you in submitting a complaint. The telephone number for the City's Department of Human Resources EEO Helpline is (415) 557-4900 or (415) 557-4810 (TTY).

### **Email your complaint to:**

DHR-EEO@sfgov.org

### **Mail your complaint to:**

Director, Department of Human Resources  
Attention: EEO Division  
One South Van Ness Avenue, 4th Floor  
San Francisco, CA 94103

The email or letter of complaint should include the following:

1. Name, address and daytime phone number of the complainant;
2. If a current City employee, your Disaster Service Worker number, current Civil Service classification, and the department where you are employed;
3. The basis for the complaint: *i.e.*, race, religion, etc.;
4. The discriminatory, harassing, or retaliatory action(s): *i.e.*, denial of employment or reasonable accommodation, termination, inappropriate touching, etc.;
5. The date(s) the alleged discriminatory, harassing, or retaliatory action(s) took place;
6. The City department and work unit accused of discrimination, harassment, or retaliation;
7. The names of the individuals accused of discrimination, harassment, or retaliation;
8. The name of any witness to the alleged discriminatory, harassing, or retaliatory action(s);
9. A detailed explanation of the sequence of events which you believe to be discriminatory, harassing, or retaliatory; and,
10. The specific action you are seeking to correct the alleged discrimination, harassment, or retaliation.

#### **FILING DEADLINE:**

Complaints must be filed within 180 calendar days of the date of the alleged discriminatory action, harassment, or retaliatory action, or the date the individual should have first become aware of a violation. Therefore, time is an important factor when filing a complaint.

#### **INVESTIGATION:**

The Human Resources Director may refer the complaint to an EEO investigator to review for timeliness and jurisdiction. The investigator will then contact the person filing the complaint, either by email or phone, to schedule an intake interview. Intake interviews afford the investigator an opportunity to clarify the issues involved and also allow the person filing the complaint an opportunity to present the complaint in more detail.

The investigation may include reviewing and obtaining copies of relevant documents such as personnel files, attendance reports and performance evaluations; interviewing co-workers and supervisors; and other actions considered necessary in order to obtain relevant information. It is important to remember that the individual who brings the complaint is responsible for substantiating the charges. Therefore, it is necessary to cooperate with the investigator by providing any written material, names of individuals to interview or any other information that would assist the investigation.

**Note:** During the intake interview, the entire complaint process will be explained in more detail by the assigned investigator. Any questions regarding the process can be asked during the intake interview.

#### **ALTERNATIVE DISPUTE RESOLUTION:**

Complainants may be asked to consider resolving their complaint through an alternative dispute resolution process facilitated by trained staff.

#### **HUMAN RESOURCES DIRECTOR'S ACTION AND APPEAL PROCEDURES:**

The Human Resources Director will review the complaint and investigative report and shall make a finding on the charges. The Director's determination will be sent to the complainant and respondent department and shall be final unless it is appealed to the Civil Service Commission and is reversed or modified.

#### **OTHER RESOURCES:**

A complaint of employment discrimination, harassment, or retaliation may also be filed with the U.S. Equal Employment Opportunity Commission (EEOC) or the California Department of Fair Employment & Housing (DFEH). Contact these agencies for filing requirements and deadlines.



## EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

### **Discrimination and Harassment Prohibited**

Discriminating against, or harassing City and County of San Francisco (City) employees, applicants, or persons providing services to the City by contract, including supervisory and non-supervisory employees, because of their sex, race, age, religion, color, national origin, ancestry, physical disability, mental disability, medical condition (associated with cancer, a history of cancer, or genetic characteristics), HIV/AIDS status, genetic information, marital status, sexual orientation, gender, gender identity, gender expression, military and veteran status, or other protected category under the law is prohibited and unlawful. For the purpose of this policy only, the term “employees” includes unpaid interns and volunteers. Discrimination is the unequal treatment of individuals with respect to the terms and conditions of their employment, based on their membership in a protected category. Harassment is unwelcome visual, verbal, or physical conduct engaged in on account of a person's actual or perceived membership in a protected category.

### **Sexual Harassment Prohibited**

Sexual harassment is illegal under federal and state law. Federal law defines sexual harassment as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual, or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- submission to such conduct is made explicitly or implicitly as a term or condition of employment;
- submission to or rejection of such conduct by an employee or applicant is used as a basis for employment decisions affecting the employee or applicant; or
- such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or otherwise offensive working environment.

State law defines sexual harassment as unwanted sexual advances or verbal, visual, or physical conduct of either a sexual nature, or other conduct based on sex. These are some examples of sexual harassment:

- requests for sexual favors or unwanted sexual advances;
- offering employment benefits in exchange for sexual favors;
- making or threatening reprisals after a negative response to sexual advances;
- verbal harassment (e.g., graphic comments, derogatory comments, sexually suggestive or obscene jokes or telephone calls);
- physical harassment (e.g., assault, impeding or blocking movement, gestures, or any physical interference with normal work or movements); or
- visual forms of harassment (e.g., leering, derogatory or sexually explicit emails, posters, letters, poems, graffiti, cartoons, computer screen savers, or drawings).

### **Retaliation Prohibited**

Retaliation against an individual who reports, files a complaint of, or otherwise opposes conduct he or she reasonably believes to be unlawful discrimination, harassment, or retaliation, or assists in the investigation of a complaint, is also prohibited.

### **Responsibility for Responding to and Reporting Discrimination, Harassment, and Retaliation**

All employees are encouraged to report discriminatory, harassing, or retaliatory behavior, whether directed at themselves or at co-workers.

Supervisory employees are required to take corrective action if employees are subjected to discrimination, harassment, or retaliation on the basis of a protected category. If a complaint is made to a supervisor, or if a supervisor becomes aware of potential discrimination, harassment, or retaliation, the supervisor **must** immediately report it to the department's EEO or Human Resources personnel. Any supervisor who receives a complaint of discrimination, harassment, or retaliation and fails to report it may be subject to disciplinary action.

Departments **must** report all complaints of discrimination, harassment, and retaliation to the Human Resources Director within five days of becoming aware of such complaints. Departments are responsible for ensuring that all employees know of and are trained periodically regarding this policy.

### **Complaint Procedures**

Any employee or applicant who believes he or she has been discriminated against, harassed, or retaliated against in violation of this policy should promptly report the incident and the individuals involved. Complaints must be filed within 180 calendar days of the date of the alleged discriminatory action, harassment, or retaliatory action, or the date the individual should have first become aware of a violation. For information or to file a complaint, contact any of the following:

- the employee's supervisor or any other supervisor or manager;
- the department's EEO or Human Resources personnel;
- the City's Department of Human Resources, EEO Division located at 1 South Van Ness Avenue, 4th Floor, San Francisco, CA 94103, via email at [DHR-EEO@sfgov.org](mailto:DHR-EEO@sfgov.org) or online at [www.sfdhr.org](http://www.sfdhr.org); the City's EEO Helpline at (415) 557-4900 or (415) 557-4810 (TTY); or SFMTA employees may also contact SFMTA's EEO Officer, Virginia Harmon, at (415) 701-4404 or [EEO@sfmta.com](mailto:EEO@sfmta.com)

The Human Resources Director is responsible for the investigation and resolution of all discrimination, harassment, and retaliation complaints. All complaints are kept confidential (to the extent possible); responded to timely; investigated (if necessary) by qualified personnel in a timely and impartial manner; and documented and tracked. If the Human Resources Director determines that discrimination, harassment, or retaliation occurred, the City will take appropriate remedial action.

The [U.S.](http://www.eeoc.gov) Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) also investigate and prosecute employment discrimination, harassment, and retaliation complaints. Employees who believe that they have been discriminated against, harassed, or retaliated against may file a complaint with either of these agencies using the following contact information:

- EEOC: (800) 669-4000 or TTY (800) 669-6820; or online at [www.eeoc.gov](http://www.eeoc.gov)
- DFEH: (800) 884-1684 or TTY (800) 700-2320; or online at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

Remedies available through these agencies include hiring or reinstatement, back pay or promotion, fines or damages for emotional distress, and changes in the policies or practices of the employer.

### **Discipline**

Any employee, supervisor, or agent of the City found to have engaged in conduct in violation of this policy may be subject to disciplinary action, up to and including termination. An employee may be subject to discipline for engaging in harassing conduct that does not meet the definition of harassment under the law, but that, if repeated or allowed to continue, might meet that definition.

Para mayor información sobre el hostigamiento en el trabajo: (415) 557-4900.

如欲索取更多資料或要舉報在工作場所受到騷擾,可致電415-557-4900



Carol Isen  
Human Resources Director



# CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE  
MAYOR

MEMORANDUM  
CSC No. 2017 - 01

GINA M. ROCCANOVA  
PRESIDENT

KATE FAVETTI  
VICE PRESIDENT

DOUGLAS S. CHAN  
COMMISSIONER

F. X. CROWLEY  
COMMISSIONER

SCOTT R. HELDFOND  
COMMISSIONER

MICHAEL L. BROWN  
EXECUTIVE OFFICER

**DATE:** February 8, 2017

**TO:** Department Heads  
Departmental Personnel Officers  
Employee Organization Representatives,

**FROM:** Michael L. Brown, Executive Officer  
Civil Service Commission

**SUBJECT:** Policy on Family and Romantic Relationships at Work

At the Regular Civil Service Commission meeting of February 6, 2017, the Commissioners adopted the attached policy regarding Family and Romantic Relationships at Work. It is important to note that this policy will affect all employees of the City and County of San Francisco, including elected officials, interns and volunteers.

The policy encompasses requirements that already exist by virtue of the Charter, Employee Handbook, and Campaign and Governmental Conduct Code. The policy specifically expands the romantic and family relationship reporting requirements to avoid the perception of favoritism or nepotism. The policy clarifies that direct supervision of a related person (as defined in the policy to include both relatives and romantic relationships) is not allowed, and that indirect supervision of related persons may only be allowed if a management plan is in place to address potential conflicts of interest.

The Department of Human Resources (DHR) will be involved in the next phase of mass training for Human Resource professionals within Departments, Department Heads, managers, supervisors and employees. In addition, DHR will serve as a resource for Human Resource professionals who are resolving potential conflicts.

If you have specific questions or concerns regarding the policy, please feel free to contact our office.

CIVIL SERVICE COMMISSION

A handwritten signature in blue ink that reads "Michael L. Brown".

MICHAEL L. BROWN  
Executive Officer



# CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE  
MAYOR

February 8, 2017

## City and County of San Francisco Civil Service Commission Policy Regarding Family and Romantic Relationships at Work (Adopted By the Civil Service Commission on February 6, 2017)

GINA M. ROCCANOVA  
PRESIDENT

KATE FAVETTI  
VICE PRESIDENT

DOUGLAS S. CHAN  
COMMISSIONER

F. X. CROWLEY  
COMMISSIONER

SCOTT R. HELDFOND  
COMMISSIONER

MICHAEL L. BROWN  
EXECUTIVE OFFICER

### I. Purpose

The City and County of San Francisco (City) Civil Service Commission is committed to maintaining a professional work environment free of conflicts of interest, nepotism, and favoritism. A workplace where employees maintain clear boundaries between family, personal, and work relationships leads to an environment that:

- Is fair, equitable, and safe;
- Promotes high employee morale; and
- Ensures trust in the City's merit-based employment system.

With over 30,000 employees, it is not surprising that members of the same family and people in romantic relationships may work for the City. In general, these relationships do not pose workplace problems. The purpose of this policy is to explain when family and romantic relationships may cause problems, or the appearance of problems, related to nepotism, favoritism, or conflicts of interest at work. This policy also establishes standards and disclosure requirements to prevent those problems from occurring.

Nepotism occurs when family members favor other family members in employment decisions. Nepotism does not align with the City's policy and practice of making employment decisions based solely on City needs, merit-based processes, and individual qualifications, skills, knowledge, abilities, and performance.

Romantic relationships between supervisors and subordinate employees may raise issues of conflict of interest, abuse of authority, or favoritism. These relationships also have the potential to adversely impact other employees. Moreover, the real or perceived power imbalance that may exist between a supervisor and a subordinate may raise questions about mutual consent.

People in both family and romantic relationships are referred to as "related persons" (defined in Section III below) solely for purposes of this policy.

## II. Applicability

This policy applies to all City officers, elected officials, employees (including permanent civil service, exempt, temporary, full and part time, and provisional), interns, and volunteers. These individuals are referred to collectively as “employees” solely for purposes of this policy.

## III. Definitions

Employment decisions: Refers to the full array of decisions and actions that involve City employees and their employment, including, but not limited to, decisions related to hiring, supervision, promotion, compensation, work hours, assignment of duties, performance evaluation, discipline, termination, and decisions involving other terms and conditions of employment such as those listed in Section IV below.

Related person(s):

(A) A family member, whether by blood, adoption, marriage, or domestic partnership, including:

- Spouse;
- Domestic partner;
- Child;
- Parent;
- Grandparent/Grandchild;
- Aunt/Uncle;
- Sibling;
- First cousin;
- Niece/Nephew; and
- Any corresponding in-law, step, or foster relation

(B) A consensual romantic relationship occurring within the last two years. This includes, but is not limited to sexual, dating, engagement, or other intimate relationships.

Direct supervision: One employee directing the work of another employee. This includes temporary and project-based assignments.

Indirect supervision: One employee is responsible for the work of another employee through the organizational structure or chain of command. This includes temporary and project-based assignments.

#### **IV. Policy**

Employees may not make, participate in making, or influence any employment decision involving a related person. This includes, but is not limited to:

- Hiring, promoting, transferring, or re-assignment;
- Serving on a hiring panel;
- Developing, administering, or rating a civil service exam;
- Initiating an administrative investigation or discipline;
- Assigning work;
- Preparing, conducting, or contributing information to a performance appraisal;
- Approving overtime or any other compensated time;
- Approving vacation, sick, or other leave time;
- Granting or denying permission to attend a conference or other work-related event;  
and
- Approving reimbursement for work-related expenses.

Employees are prohibited from directly supervising related persons.

It is best practice that employees do not indirectly supervise related persons. Exceptions to this policy for indirect supervision may be made on a case by case basis as set forth in Section V.2 below.

Nothing in this policy prohibits an employee from acting as a personal reference or providing a letter of reference for a related person seeking appointment to a position in any City department, board, commission, or agency, other than the employee's department, board, commission, or agency, or to a position under the control of any such department, board, commission, or agency.

This policy does not prohibit a supervisor from making an employment decision that impacts an entire unit or group of employees that includes a related person.

#### **V. Reporting and Compliance Procedures**

1. Direct supervision of related persons must be promptly reported by both employees to their departmental personnel officer or human resources manager. Since employees cannot directly supervise related persons, the departmental personnel officer or human resources manager shall remove the conflict.
2. Indirect supervision of related persons must be promptly reported by both employees to their departmental personnel officer or human resources manager to assess the implications for the workplace, and to ensure that employment decisions are made appropriately.

- a. If, for operational reasons, the departmental personnel officer or human resources manager cannot remove the conflict, he or she shall formulate a management plan to address the indirect supervisory relationship while minimizing impact on the employees involved.
- b. At a minimum, all management plans must address reporting relationships, supervision, and evaluation to ensure a supervisor does not participate in employment decisions regarding a related person, as prohibited by this policy.
3. Individuals who become related persons during City employment and while in a direct or indirect supervision situation must promptly disclose the relationship following the process set forth in Section V.1 and 2 above.
4. A department head prohibited under this policy from making, participating in, or influencing employment decisions involving related persons shall delegate in writing the authority to make employment decisions regarding such related persons to another employee within the department.
5. All employees are prohibited from retaliating against anyone who reports a potential violation of this policy.

## VI. Investigations and Penalties

All employees must cooperate with any investigation into possible violations of this policy. Violations may include, but are not limited to:

- Failing to report, or actively concealing, a relationship that falls within this policy; or
- Retaliating against another employee who has made a report under this policy.

Violations of this policy may lead to discipline, up to and including termination.

Employee questions about this policy should be directed to the departmental personnel officer or human resources manager.

The City's policies on appropriate workplace conduct and sexual harassment are posted on the Department of Human Resources website at [www.sfdhr.org](http://www.sfdhr.org). The requirements set forth in this policy are in addition to those set forth in San Francisco Campaign and Governmental Conduct Code section 3.212 (Decisions Involving Family Members).

CIVIL SERVICE COMMISSION



MICHAEL L. BROWN  
Executive Officer



# Policy on Family and Romantic Relationships at Work

## City and County of San Francisco Civil Service Commission

**City employees may not make or influence any employment decision about a family member or romantic partner.**

### For Employees

#### Why is this policy important?

- ✓ To help prevent nepotism and favoritism in City employment.

#### What can I do under this policy?

- ✓ Have a family or romantic relationship with another City employee, when there are no employment decisions or supervision.

#### What can't I do under this policy?

- ✓ Make any employment decision about a family member or romantic partner, including, but not limited to:
  - Supervising
  - Hiring
  - Firing
  - Promoting
  - Transferring
  - Interviewing
  - Disciplining
  - Administering exams
  - Assigning work
  - Approving leave time
  - Conducting performance appraisals



#### If I am in a relationship that violates this policy, what should I do?

- ✓ Both employees in the relationship must tell their human resources representative about the relationship.
- ✓ Reporting is a confidential process and is only shared on a need-to-know basis.
- ✓ Reporting isn't cause for discipline.

#### What relationships are not covered by this policy?

- ✓ Friends, roommates, neighbors, and others who are not family members or romantic partners as defined in the policy.

**Go to [sfgov.org/civilservice/policies](https://sfgov.org/civilservice/policies) to read the full policy.**



# Policy on Family and Romantic Relationships at Work

## City and County of San Francisco Civil Service Commission

**City employees may not make or influence any employment decision about a family member or romantic partner**

### For Supervisors and Managers

#### What can employees do under this policy?

- ✓ Have a family or romantic relationship with another City employee, when there are no employment decisions or supervision involved.

#### What can't they do under this policy?

- ✓ Make employment decision about a family member or romantic partner, including, but not limited to:
  - Supervising
  - Hiring
  - Firing
  - Promoting
  - Transferring
  - Interviewing
  - Disciplining
  - Administering exams
  - Assigning work
  - Approving leave time
  - Conducting performance appraisals



#### If I have information about a relationship that violates this policy, what should I do?

- ✓ Both employees in the relationship must report the relationship to the department's human resources representative.
- ✓ Direct employees who come to you to contact your department's HR representative.

#### What relationships are not covered by this policy?

- ✓ Friends, roommates, neighbors, and others who are not family members or romantic partners as defined in the policy.

**Go to [sfgov.org/civilservice/policies](http://sfgov.org/civilservice/policies) to read the full policy.**

MEMORANDUM

DATE: June 19, 1990  
TO: All Recreation and Park Department Employees  
FROM: Mary E. Burns, <sup>mb</sup> General Manager  
SUBJECT: POLICY PROHIBITING THE USE OF SLURS

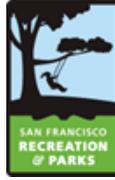
I have received a letter from John Walsh, General Manager of the Civil Service Commission, stating, "I have recently been advised by the Civil Service Commission Equal Employment Opportunity Unit that a number of employees in your department have raised allegations regarding the use of slurs at Recreation and Park worksites." I would like to remind each of you of the current policy regarding the use of slurs by City officials and employees. I also would like all Recreation and Park Department employees to know that I strongly support this policy and encourage that it be rigorously adhered to by all employees.

IT IS THE POLICY OF THE CITY AND COUNTY OF SAN FRANCISCO, AND EACH OF ITS OFFICIALS, EMPLOYEES AND AGENTS ACTING IN OFFICIAL CAPACITY, TO TREAT ALL PERSONS EQUALLY AND RESPECTFULLY, AND TO REFRAIN FROM THE WILLFUL OR NEGLIGENT USE OF SLURS AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION OR DISABILITY. A SLUR, AS USED IN THIS POLICY, IS A WORD OR COMBINATION OF WORDS THAT BY ITS VERY UTTERANCE INFLECTS INJURY, OFFERS LITTLE OPPORTUNITY FOR RESPONSE, APPEALS NOT TO RATIONAL FACULTIES, OR IS AN UNESSENTIAL OR GRATUITOUS PART OF ANY EXPOSITION OF FACT OR OPINION. ALL PERSONS ARE ENTITLED BY LAW TO THE RIGHT OF EQUAL TREATMENT AND RESPECT. SLURS DEPRIVE MEMBERS OF THE PROTECTED GROUPS OF THIS RIGHT BY HOLDING THEM UP TO PUBLIC CONTEMPT, RIDICULE, SHAME AND DISGRACE AND CAUSING THEM TO BE SHUNNED, AVOIDED OR INJURED IN THEIR OCCUPATION. BY PROMOTING ILL WILL AND RANCOR, SLURS DIMINISH PEACE AND ORDER.

THE USE OF SUCH SLURS BY CITY OFFICIALS OR EMPLOYEES WILL BE CONSIDERED BY COMMISSIONS, DEPARTMENTS, AGENCIES, BOARDS OR APPOINTING AUTHORITIES AS PRIMA FACIE EVIDENCE OF THE LACK OF COMPETENCE OF SAID CITY OFFICIALS AND EMPLOYEES. EVIDENCE OF USAGE OF SUCH SLURS SHALL BE ENTERED INTO JOB PERFORMANCE EVALUATIONS AND SHALL BE CONSIDERED IN EVALUATING THE FITNESS OF CITY EMPLOYEES.

If you are aware of any violations of this policy, I would urge you to contact your supervisor, Carol Sam, Personnel Director, or Betty Lim, Affirmative Action Officer. Such language will not be tolerated.

MEB:CSM:ual



## **APPLICANT BACKGROUND INVESTIGATION POLICY**

Recreation and Park Department recognizes the importance of maintaining a safe workplace with employees who are honest, trustworthy, qualified, reliable and nonviolent, and do not present a risk of serious harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring an individual, Recreation and Park Department reserves the right to investigate the individual's prior employment history, personal references and educational background, as well as other relevant information that is reasonably available to Recreation and Park Department. In hiring for certain positions, Recreation and Park Department may review an applicant's credit report and criminal background, if any. Consistent with these practices, all job applicants will be asked to sign a Request, Authorization, Consent and Release from Liability for disclosure of Information. Consistent with legal requirements, Recreation and Park Department reserves the right to exclude any applicant from consideration from employment, where the applicant refuses to sign the Request, Authorization, Consent and Release form as requested.





# OFFICE OF THE CONTROLLER

## CITY AND COUNTY OF SAN FRANCISCO

Greg Wagner  
Controller

ChiaYu Ma  
Deputy Controller

## MEMORANDUM

**TO:** Department Payroll Staff  
**FROM:** Christie Beetz, City Payroll Director  
**DATE:** January 5, 2026  
**SUBJECT:** Employees Who are NOT Members of a Retirement Program\*

### EMPLOYEES MAY BE REQUIRED TO PAY SOCIAL SECURITY TAXES:

Effective July 2, 1991: Employees who are *not* a member of a retirement program are required to pay all or part of the Social Security tax, also referred to as FICA, as explained below. The Social Security tax is made up of two taxes: Old Age, Survivors, and Disability Insurance (OASDI) and Hospital Insurance (HI), also referred to as Medicare.

### TAXES WITHHELD:

- **OASDI and HI Tax:** Employees may contribute a minimum of 7.5% of their regular biweekly earnings\*\* up to a maximum of \$184,500 to a qualifying deferred compensation plan. If an employee **does not** contribute at least 7.5% of their regular biweekly earnings, \*\* **both OASDI and HI taxes will be withheld.**
- **HI Tax Only:** If an employee does contribute at least 7.5% of their regular biweekly earnings\*\* up to a maximum of \$184,500 to a qualifying deferred compensation plan, **only the HI tax will be withheld.**

### EXCEPTIONS:

- Municipal Railway (MUNI) employees pay both OASDI and HI taxes regardless of whether they contribute at least 7.5% into a qualifying deferred compensation plan.
- Employees who are members of CalPERS are not required to pay the OASDI tax.

### TAX RATES:

- The 2026 OASDI tax rate is 6.2% of your taxable gross earnings\*\*\* up to \$184,500. The maximum amount of tax withheld is \$11,439.
- The 2026 HI tax rate is 1.45% of your taxable gross earnings.\*\*\* There is no limit on HI taxes withheld. An additional 0.9% tax is withheld on any taxable gross earnings\*\*\* over \$200,000 annually for 2026.

### EMPLOYEES MAY WAIVE THE OASDI TAX BY OPENING A 457(b) DEFERRED COMPENSATION PLAN ACCOUNT:

If employees wish to open a 457(b) deferred compensation plan account in the amount required to waive the OASDI taxes, they will need to contact SF Deferred Compensation Plan at (415) 487-7500 to set up an appointment with the deferred compensation specialist for your department.

\*Retirement programs at the City include: SF Employees' Retirement System (SFERS), CalPERS, and Judges' Retirement System.

\*\*Regular biweekly earnings DO NOT include shift premiums or special pays.

\*\*\*Your taxable gross earnings are your gross earnings minus any pretax deductions (including dependent care, cafeteria 125 plan, pre-tax reimbursement, pre-tax miscellaneous, pre-tax transportation benefits, or pre-tax military deductions) and any assault pay, City disability pay, or retroactive disability pay.



**OFFICE OF THE CONTROLLER**  
CITY AND COUNTY OF SAN FRANCISCO

Greg Wagner  
Controller  
  
ChiaYu Ma  
Deputy Controller

**MEMORANDUM**

**DATE:** January 5, 2026  
**TO:** Department Payroll Staff  
**FROM:** Christie Beetz, City Payroll Director

**SOCIAL SECURITY (FICA) TAX RATES FOR 2026**

The Social Security tax is made up of two taxes: Old Age, Survivors, and Disability Insurance (OASDI) and Hospital Insurance (HI), also referred to as Medicare. The total FICA tax rate is 7.65% for employees and for employers.

FICA	2022	2023	2024	2025	2026
<b>OASDI Taxable Earnings (Employee and Employer)</b>	\$ 147,000	\$ 160,200	\$ 168,600	\$ 176,100	\$ 184,500
- <b>Maximum Withholding Rate</b>	6.2%	6.2%	6.2%	6.2%	6.2%
- <b>Maximum Withholding</b>	\$ 9,114	\$ 9,932.40	\$ 10,453.20	\$ 10,918.20	\$ 11,439.00
<b>HI Taxable Earnings (Employee and Employer)</b>	No Limit	No Limit	No Limit	No Limit	No Limit
- <b>Maximum Withholding Rate</b>	1.45%	1.45%	1.45%	1.45%	1.45%
- <b>Maximum Withholding</b>	No Limit	No Limit	No Limit	No Limit	No Limit
<b>Additional Medicare Taxable Earnings (Employee ONLY)</b>	>\$200,000	>\$200,000	>\$200,000	>\$200,000	>\$200,000
- <b>Maximum Withholding Rate (additional 0.9%)</b>	2.35%	2.35%	2.35%	2.35%	2.35%
- <b>Maximum Withholding</b>	No Limit	No Limit	No Limit	No Limit	No Limit

**REMINDER:**

- Employees who were hired/rehired after March 31, 1986, and do not pay full FICA taxes are required to pay HI (Medicare) tax.
- Employees who are not members of a retirement program can waive paying OASDI taxes if they contribute at least 7.5% of their regular biweekly earnings into a 457(b) deferred compensation plan.
- Additional Medicare Tax went into effect for taxable years beginning after December 31, 2012. The rate is 0.9% plus the normal 1.45%. Total Additional Medicare Tax is 2.35%. Employers do not pay the additional 0.9% in matching contributions.

**CALIFORNIA STATE DISABILITY INSURANCE (SDI) RATES FOR 2026**

SDI	2022	2023	2024	2025	2026
<b>California State Disability Taxable Wage Base</b>	145,600	\$ 153,164	No Limit*	No Limit*	No Limit*
- <b>Maximum Withholding</b>	\$1,601.60	\$ 1,378.48	No Limit*	No Limit*	No Limit*

- Percentage**
- 1.3% for Tax Year 2026
  - 1.2% for Tax Year 2025
  - 1.1% for Tax Year 2024
  - 0.9% for Tax Year 2023
  - 1.1% for Tax Year 2022
  - 1.2% for Tax Year 2021
  - 1.0% for Tax Year 2019-2020

\*Effective January 1, 2024, CA Senate Bill 951 removes the taxable wage limit and maximum withholdings for each employee subject to SDI contributions.

If you have any questions regarding the information in this directive, please contact the Tax Unit at (415) 554-7100 or [con.payroll.tax\\_unit@sfgov.org](mailto:con.payroll.tax_unit@sfgov.org).

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network	<b>\$5.95*</b>
		<b>\$1.75</b> out-of-network	

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ATM Balance Inquiry (in-network or out-of-network) \$0

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Customer Service (automated or live agent) \$0 per call

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Inactivity (after 365 days with no transactions) \$2.00\* per month

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**We charge 3 other types of fees.**

\*This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence.

See the accompanying Fee Schedule for free ways to access your funds and balance information.

**No overdraft/credit feature.**

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.

U.S. Bank Focus Card Fee Schedule  
 Program Number: 87265214 POD

All fees	Amount	Details
<b>Add money</b>		
Check Reload	5% or \$5.00 minimum	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum \$5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to <a href="http://ingomoney.com">ingomoney.com</a> for more information.
Cash Reload – Visa Readylink	Varies by retailer	Third party fee may apply when reloading your card at a Visa Readylink network. Fee is paid to third party at the time of reload. Go to <a href="http://usa.visa.com/pay-with-visa/cards/services-locator.html">usa.visa.com/pay-with-visa/cards/services-locator.html</a> for locations.
Cash Reload - GreenDot®	\$5.95	This is not our fee and is subject to change. Fee of up to \$5.95 may apply when reloading your card at GreenDot. Fee is paid to third party at the time of reload. Go to <a href="http://greendot.com">greendot.com</a> for more information.
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .
ATM Withdrawal(out-of-network)	\$1.75	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. For Connecticut, Illinois, New York, and Pennsylvania workers, all international purchase fees are waived.
International ATM Withdrawal	\$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
<b>Other</b>		
Card Replacement	\$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional

		replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	\$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days. For Connecticut, Illinois, and Pennsylvania workers, this fee will be waived for the first 12 months of inactivity (based on cardholder-initiated balance changing transactions). For Texas residents, this fee will not be charged after one year of inactivity. For Minnesota, New York and Montana workers this fee is waived. For Hawaii workers, accounts with a balance of \$0.00 and no activity for more than 6 months may be closed.
Other Third-Party Fees	Varies by provider	Some third-party service providers like person-to-person payment services or mobile wallet providers may charge you a fee for using your card to make payments.

Your funds are eligible for FDIC insurance up to \$250,000. FDIC insurance protects deposits from loss due to bank insolvency. See [fdic.gov/deposit/deposits/prepaid.html](https://www.fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankfocus.com](https://www.usbankfocus.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](https://www.cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](https://www.cfpb.gov/complaint).

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

CR-49798001

MEMORANDUM

TO: All Recreational & Park Department Employees

FROM: Mary Burns *mb*  
General Manager

DATE: May 22, 1990

SUBJECT: **PERSONAL LEAVE**

Recently, it has come to my attention that there has been a misconception by some Recreation and Park Department employees regarding the use of personal leave. Civil Service Commission Rule 22, Section 22.13 - Personal Leave, allows appointing officers to approve personal leaves for permanent employees for a period of up to twelve (12) months within a twenty-four (24) month period. An appointing officer may approve a personal leave of absence for temporary or provisional employees for a period of time not to exceed one month. The intent of the Civil Service Commission in enacting the personal leave rule provision was to allow an employee a reasonable amount of time without pay to attend to personal business.

I would like to remind you that personal leave is a request made in writing to the immediate supervisor for a specified period of time; and, it is discretionary on the part of the department to approve or deny this request. Denials of personal leave are not appealable.

Requests for personal leave for any reason must be made in advance and the approval must be obtained prior to the beginning of the leave date. Telephone calls requesting a personal absence day shall not be honored. Please take notice that requests made without obtaining prior approval will not be honored, the employee's time will be reflected as absent without authorized leave and the employee may be subject to disciplinary action up to and including termination.

Again, I remind each employee that it is their responsibility to request and secure prior approval from the immediate supervisor for personal leave.

CMS:ual

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# NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

## OVERVIEW

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) of 1993 require the City to provide, within a 12-month period, up to 12 weeks (480 hours for full-time employees) of unpaid, job-protected leave to eligible employees for certain family and medical reasons, as well as for military exigencies. You are eligible for these leaves if you have been employed with the City for at least 12 months and have worked at least 1,250 hours in the 12 months preceding your leave. Time served in other departments and at other City jobs counts toward the 12-month employment requirement. Hours taken as sick pay, vacation or other types of leave do not count; however, military service does count in calculating the 1,250 hours worked.

## REASONS FOR TAKING LEAVE AND USE OF ACCRUED LEAVE<sup>1</sup>

- To care for your child after birth and to care for that child
- For the placement of a child for adoption or foster care with you and to care for that child
- To care for your spouse, child, or parent for FMLA, or to care for a spouse, domestic partner, child of any age, parent, parent-in-law, grandchild, grandparent, or sibling<sup>2</sup> for CFRA, who has a serious health condition
- For your own serious health condition<sup>3</sup>
- To care for your qualifying family member who is in the military and who has a serious injury or illness related to military service (FMLA Only – 26 Weeks)
- To take leave due to a military exigency that arose because a family member is deployed or will be deployed

While on an FMLA/CFRA leave for your own serious health condition, City policy requires you to use accrued sick leave. After you exhaust accrued sick leave, City policy requires you to use accrued vacation (subject to MOU provisions), followed by floating holidays and compensatory time off. You are not required to use sick leave, or other accrued time, to supplement Workers' Compensation or disability benefits you receive while on an FMLA/CFRA leave, but you may elect to do so.

While on an FMLA/CFRA leave to care for a family member, for child bonding or for military-related events, you are not required to use accrued sick leave, but you may elect to do so. City policy does require you to use accrued vacation (subject to MOU provisions), followed by floating holidays and compensatory time off during the leave.

## 12 WEEKS OF LEAVE IN A “ROLLING” 12-MONTH PERIOD

If your leave qualifies for concurrent FMLA/CFRA protections, you have a right to up to 12 weeks of unpaid leave in a rolling 12-months period measured backward from the date of any FMLA/CFRA leave taken. Under the “rolling” 12-month period, each time an employee takes concurrent FMLA/CFRA leave, the remaining leave entitlement would be the balance of the 12 weeks that has not been used during the immediately preceding 12 months. For example, Employee A requests two weeks of FMLA/CFRA leave to begin on November 1st. The department looks back 12 months (from November 1st back to the previous November 2nd) and sees that Employee A had taken four weeks of FMLA/CFRA leave beginning January 1st, four weeks beginning March 1st, and three weeks beginning June 1st. Employee A has taken 11 weeks of FMLA/CFRA leave in the 12-month period, and thus only has one week of FMLA/CFRA-protected leave available. After Employee A takes the one week in November, she can next take FMLA/CFRA leave beginning January 1st as the days of her previous January leave “roll off” the leave year. Under some circumstances, your leave under the CFRA may not run concurrently with a protected leave under the FMLA. In such cases, you may be entitled to separate 12 week entitlements.

You also have the right under the FMLA to up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period for leave to care for a covered servicemember (both current servicemembers and veterans) with a serious injury or illness begins on the first day you take leave for this reason and ends 12 months later, regardless of the rolling 12-month period established for other types of FMLA leave.

## ADVANCE NOTICE AND MEDICAL CERTIFICATION

The City is entitled to advance notice for your leave when practical. Your FMLA/CFRA leave protections may be delayed or denied if advance notification and medical certification is not provided.

- You ordinarily must provide 30 days advance notice when the leave is foreseeable
- You must provide notice as soon as practicable if leave is unforeseeable, or if the leave is foreseeable less than 30 days in advance
- The City requires medical certification to support a request for leave because of a serious health condition, and may require second or third opinions for your own serious health condition (at the City's expense) and will require a valid medical release to return to work

<sup>1</sup> Information on California's Pregnancy Disability Leave is provided on page 4 of this form.

<sup>2</sup> CFRA covers registered domestic partners, children over age 18, grandchildren, grandparents and siblings; however, the FMLA excludes these relationships.

<sup>3</sup> The City will count a Workers' Compensation leave towards your FMLA/CFRA entitlement if you suffer an on-the-job injury or illness that qualifies as a serious health condition.

# NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

## JOB BENEFITS AND PROTECTION

- The City will maintain your health benefits under your group health plan for the duration of your FMLA, CFRA or PDL leave as if you had continued working. However, you are responsible for paying your share of premium costs to Health Services System (“HSS”), if any, during any period of unpaid leave.
- **Contact HSS at (415) 554-1750 (Option #5) to make arrangements to pay your share of premium payments to maintain your health benefits while on unpaid leave.**
- If health insurance payments are not made timely, your group health insurance may be cancelled, provided the City notifies you in writing at least 15 days before the date that your health coverage will lapse. At the City’s option, the City may pay your share of the premiums during FMLA, CFRA or PDL leave, and recover these payments from you upon your return to work.
- If you do not return to work following FMLA/CFRA leave for a reason other than: (1) the continuation, recurrence or onset of a serious health condition that would entitle you to FMLA/CFRA leave; (2) the continuation, recurrence or onset of a covered servicemember’s serious injury or illness that would entitle you to FMLA leave; or (3) other circumstances beyond your control, you may be required to reimburse the City for its share of health insurance premiums paid on your behalf during your FMLA/CFRA leave.
- Upon return from FMLA/CFRA leave, you are entitled to reinstatement to your original or an equivalent position, with the same pay, benefits and terms and conditions of employment, unless your position ceases to exist for reasons unrelated to the leave.
- The taking of FMLA/CFRA leave cannot result in the loss of any employment benefit that accrued prior to the start of your leave.

## UNLAWFUL ACTS BY EMPLOYERS

The FMLA/CFRA make it unlawful for the City to:

- Interfere with, restrain or deny the exercise of any right provided under the FMLA/CFRA.
- Discharge, discriminate or retaliate against you for taking protected leave, or for opposing any practice made unlawful by FMLA/CFRA, or for involvement in any proceeding under or relating to the FMLA/CFRA.

## ENFORCEMENT

- The U.S. Department of Labor is authorized to investigate and resolve complaints of FMLA violations
- The California Department of Fair Employment and Housing is authorized to investigate and resolve complaints of CFRA and PDL violations
- An eligible employee may bring a civil action against an employer for FMLA/CFRA violations.

The FMLA/CFRA does not affect any federal or state law prohibiting discrimination or supersede any state or local law, or collective bargaining agreement that provides greater family or medical leave rights.

## “NOTICE B” FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement — for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position — at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days’ advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

## NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact your department's Human Resources representative.

**FOR ADDITIONAL INFORMATION CONTACT YOUR DEPARTMENTAL HUMAN RESOURCES OFFICE.**

# SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS

## NOTICE



Civil Rights  
Department  
STATE OF CALIFORNIA

**Note:** Employers must provide this information to workers when hired, annually, upon request, and to any worker who informs the employer that they are a victim of violence or the family member of a victim of violence. Victims of violence include victims of domestic violence, sexual assault, stalking, violent threats, acts involving the use or presence of a dangerous weapon, or any violence causing injury.

## YOUR RIGHT TO TAKE TIME OFF

- You have the right to take time off work for jury service or to appear in court as a witness to comply with a subpoena or court order. All employees have this right, no matter the size of the employer.
- If you are a victim of violence, you have the right to take time off work to get relief (like a restraining order) to protect you or your child's health, safety, or welfare. All employees have this right, no matter the size of the employer.
- If you are a victim of violence or the family member of a victim of violence, and your employer has 25 or more workers, you have the right to take time off work for any of the following reasons:
  - To take part in safety planning or other actions to help keep you or your family member safe from future violence
  - To prepare for, participate in, or attend civil, administrative, or criminal legal proceedings, such as a court hearing, related to the violence
  - To seek, get, or provide childcare or care to a dependent adult if the care is necessary to keep the child or adult safe after an act of violence
  - To care for a family member recovering from injuries caused by violence
  - To get, or help a family member get, the following services relating to the violence: civil or criminal legal services; a restraining order or other relief; medical attention for injuries; services from a domestic violence shelter or program, rape crisis center, or victim services organization or agency; psychological counseling; mental health services; or housing, including relocating, securing temporary or permanent housing, and enrolling children in a new school or childcare
- If you are a victim of violence or the family member of a deceased victim of violence, you can take up to 12 weeks off work for any of these reasons. If you are the family member of a living victim of violence but are not yourself a victim, you may take up to 10 days off work for these reasons, with the exception of relocation, for which you can take up to five days.
- You may use available vacation, paid time off, personal leave, or paid sick leave to take time off for any of the reasons described in this notice.
- You must give your employer advance notice before taking time off, unless it is not possible. If you do not give advance notice, your employer cannot discipline you if you provide documentation to the employer within a reasonable time supporting the reason for your absence.

## YOUR RIGHT TO CONFIDENTIALITY

- If you are a victim or the family member of a victim, your employer must keep information about your request for time off or reasonable accommodation confidential unless federal or state law requires disclosure, or disclosure is necessary to protect your safety at work. If your employer plans to disclose information about you or your circumstances, your employer must tell you in advance.

# SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



Civil Rights  
Department  
STATE OF CALIFORNIA

## NOTICE

### YOUR RIGHT TO REASONABLE ACCOMMODATION FOR YOUR SAFETY

- If you or your family member is a victim of violence, you have the right to ask for a reasonable accommodation to make sure you are safe at work. Your employer must work with you to see what changes can be made.
- Your employer can ask you for a statement certifying that your request is related to being a victim or the family member of a victim.

### YOUR RIGHT TO BE FREE FROM RETALIATION AND DISCRIMINATION

Your employer cannot discipline you, treat you differently, or fire you because:

- You are a survivor or the family member of a victim or survivor of domestic violence, sexual assault, stalking, violent threats, or violence causing injury.
- You asked for time off work to recover from or get help related to the violence.
- You asked for accommodations to make sure you are safe at work.

### YOU MAY ALSO HAVE PROTECTIONS UNDER OTHER LAWS:

- **Wage Replacement:** You may be eligible for wage replacement if you are unable to work because of your health or because you need to care for a family member with a serious health condition. **State Disability Insurance (SDI)** provides short-term wage replacement when you are temporarily disabled from working. **Paid Family Leave (PFL)** provides short-term wage replacement so you can care for a seriously ill family member, among other reasons. Learn more or file a claim for wage replacement by contacting the Employment Development Department (EDD) online (<https://edd.ca.gov/>) or by phone at 800-480-3287 (for SDI) or 877-238-4373 (for PFL).

- **Family and medical leave:** Under the California Family Rights Act, you may have the right to take time off work for your own or a family member's serious health condition or because of the birth, adoption, or foster care placement of a child. Learn more about family and medical leave by visiting [bit.ly/CRD-leave](http://bit.ly/CRD-leave). You can file a complaint with CRD if you believe your rights have been violated.
- **Bereavement leave:** Bereavement leave allows eligible employees to take up to five days off work within three months of the family member's death. Leave does not need to be taken all at once. Learn more about bereavement leave protections by visiting [bit.ly/CRD-Bereavement](http://bit.ly/CRD-Bereavement). You can file a complaint with CRD if you believe your rights have been violated.
- **Leave to attend court for certain crimes:** If you are a victim of certain crimes or the family member of a victim of certain crimes, you have the right to take time off work to attend related court proceedings under Labor Code sections 230.2 and 230.5. You can learn more information or file a complaint with the Labor Commissioner's Office within the Department of Industrial Relations by visiting [bit.ly/DIR-Retaliation](http://bit.ly/DIR-Retaliation).

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### TO FILE A COMPLAINT

Contact the Civil Rights Department if you have questions about your rights or to file a complaint:

#### Civil Rights Department

Online at <http://ccrs.calcivilrights.ca.gov/s/>

By mail at 651 Bannon Street, Suite 200,  
Sacramento, CA 95811

By calling 800-884-1684 (voice), 800-700-2320  
(TTY), or California's Relay Service at 711

# SIX THINGS CITY EMPLOYEES SHOULD KNOW ABOUT HEALTH BENEFITS

## 1 There is a 30 Day Deadline To Enroll in Health Benefits

For example:

- New hire
- New spouse
- New domestic partner
- New baby
- Newly adopted child
- New stepchild
- Loss of other coverage

If you miss the 30-day deadline you must wait until the next Open Enrollment.

## 3 You Must Disenroll Ineligible Family Members

For example:

- Ex-husband or wife
- Former domestic partner
- Step-children from former marriage or partnership

Don't risk paying significant penalties for health coverage of ineligible dependents.

## 5 If You Change Your Home Address, Contact the Health Service System

Depending on the service areas covered by your plan, you may need to enroll in a different plan based on your new address.

Don't risk termination of your health benefits due to a move.

## 2 To Enroll You Must Provide Eligibility Documentation

For example:

- Proof of hire
- Marriage certificate
- Certification of partnership
- Birth certificate
- Proof of adoption
- Court order

Social Security number needed for all enrollees. Copies please. No original documents.

## 4 Contact the Health Service System If You Go On a Leave of Absence

You must contact HSS at the start of your leave, and you must contact HSS again within 30 days of returning to work after your leave.

Health benefit premiums must be paid while you are on leave. Don't risk termination of coverage.

## 6 Retiree Health Benefits Are Different From Employee Benefits

When you retire you must visit the Health Service System to learn about, and enroll in, retiree health benefits. You are not automatically enrolled in retiree benefits

Don't risk a break in coverage when you are no longer eligible for active employee benefits.

Call the Health Service System at (628) 652-4700

# Get Covered San Francisco!

Find out what your new health insurance options are under the Affordable Care Act



## What does Health Care Reform mean to you?

More choices, more benefits, and high quality of care. It also means peace of mind knowing that you can get the medical care you and your family need at a reasonable price.

If you already have health insurance\* no action is needed

## Enrollment starts October 2013

New health coverage options take effect January 1, 2014

All plans now have to offer key important things:

- Doctor visits
- Preventive care
- Maternity care
- Prescriptions

## 3 easy ways to enroll:

1. **ONLINE** [www.CoveredCA.com](http://www.CoveredCA.com)
2. **CALL** **SF BenefitsNet at (855) 355-5757**  
M-F 8am-5pm
3. **VISIT** **SF BenefitsNet**  
1440 Harrison Street, SF CA  
M-F 8am-5pm

You may qualify for free or lowered cost health insurance

if you are single and your income is less than \$45,960 (or for a family of 4 less than \$94,200). Go ONLINE, CALL, or VISIT to find out more!



California's health insurance marketplace that can help you choose the right health insurance for you and your family. Covered California can also help you pay for your insurance.

### Who is Eligible?

- U.S. Citizens and certain legal immigrants



Free, comprehensive health insurance, including doctor visits, hospitalization and prescription drugs.

### Who is Eligible?

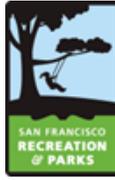
- U.S. Citizens and certain legal immigrants
- Those with incomes under 138% of the Federal Poverty Level



### Don't qualify for Covered California or Medi-Cal?

Healthy San Francisco is a City and County program for those 18-64, who do not have insurance and are not eligible for Covered California or Medi-Cal. Healthy San Francisco provides health access – not health insurance. Call (415) 615-4588 or visit [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org) to learn more.

\* Healthy San Francisco is not insurance



## **RECREATION AND PARK DEPARTMENT - STATEMENT OF INCOMPATIBLE ACTIVITIES** **~AN OVERVIEW~**

As of October 8, 2008, all officers and employees of the Recreation and Park Department (RPD) became subject to the provisions of the Department's Statement of Incompatible Activities (SIA). The SIA identifies activities that are deemed incompatible with your duties as a City officer or employee. **Please take time to review the RPD's SIA in its entirety.**

The electronic version is available on RPD's website: ([www.sfrecpark.org](http://www.sfrecpark.org)) or the Ethics Commission's website ([www.sfethics.org](http://www.sfethics.org)). In addition, you may obtain a hard copy of the SIA from the Human Resources Department. Here is a pre-view of the major parts to the SIA:

- I. INTRODUCTION** - This Statement of Incompatible Activities is intended to guide officers and employees of the San Francisco Recreation and Park Department ("Department") and the Recreation and Park Commission ("Commission") about the kinds of activities that are incompatible with their public duties and therefore prohibited.
- II. MISSION STATEMENT** - The mission of the Recreation and Park Department is to provide enriching recreational activities, maintain beautiful parks and preserve the environment for the well-being of our diverse community.
- III. RESTRICTIONS ON INCOMPATIBLE ACTIVITIES** - This section prohibits outside activities, including self-employment, that are incompatible with the mission of the Department.
  - A. RESTRICTIONS THAT APPLY TO ALL EMPLOYEES AND OFFICERS**
    1. ACTIVITIES THAT CONFLICT WITH OFFICIAL DUTIES (**ADDITIONAL OUTSIDE EMPLOYMENT MUST BE APPROVED IN ADVANCE – CONTACT HUMAN RESOURCES FOR MORE INFORMATION.**)
    2. ACTIVITIES WITH EXCESSIVE TIME DEMANDS
    3. ACTIVITIES THAT ARE SUBJECT TO REVIEW BY THE DEPARTMENT
  - B. RESTRICTIONS THAT APPLY TO EMPLOYEES IN SPECIFIED POSITIONS**
    1. EMPLOYEES OR OFFICERS RESPONSIBLE FOR THE PROCUREMENT OF SUPPLIES, MATERIALS, CONTRACTS OR SERVICES - No employee or officer who is responsible for the procurement of supplies, materials, contracts or services may receive compensation or anything of value from any person or entity from which such materials, contracts or services were procured, if such compensation or thing of value is received as a result of the employee's or officer's duties with the Department.
    2. EMPLOYEES OR OFFICERS RESPONSIBLE FOR THE DISTRIBUTION OR ALLOCATION OF SUPPLIES, MATERIALS, CONTRACTS OR SERVICES - No employee or officer whose duties include the distribution or allocation of supplies, materials, contracts or services for the Department may receive compensation or anything of value from any person or entity to which such materials, contracts or services were distributed or allocated, if such compensation or thing of value is received as a result of the employee's or officer's duties with the Department.
  - C. ADVANCE WRITTEN DETERMINATION**
    1. PURPOSE
    2. THE DECISION-MAKER
    3. THE PROCESS
    4. DETERMINATIONS ARE PUBLIC RECORDS



#### **IV. RESTRICTIONS ON USE OF CITY RESOURCES, CITY WORK-PRODUCT AND PRESTIGE**

- A. USE OF CITY RESOURCES** - No employee or officer may use City resources, including, without limitation, facilities, telephone, computer, copier, fax machine, e-mail, internet access, stationery and supplies, for any non-City purpose, including any political activity or personal purpose. No employee or officer may allow any other person to use City resources, including, without limitation, facilities, telephone, computer, copier, fax machine, e-mail, internet access, stationery and supplies, for any non-City purpose, including any political activity or personal purpose. Notwithstanding these general prohibitions, any incidental and minimal use of City resources does not constitute a violation of this section. Nothing in this Statement shall exempt any employee or officer from complying with more restrictive policies of the Department regarding use of City resources, including, without limitation, the Department's e-mail policy.

Example. An employee or officer may use the telephone to make occasional calls to arrange medical appointments or speak with a child care provider, because this is an incidental and minimal use of City resources for a personal purpose.

Example. While arborist technicians are removing a large tree from a neighborhood park, a nearby resident asks one of the staff to remove a tree from his or her front yard. Although the arborist technician may perform work for the resident, the employee may do so only on his or her own time and only when using equipment that does not belong to the City.

- B. USE OF CITY WORK-PRODUCT** - No employee or officer may, in exchange for anything of value and without appropriate authorization, sell, publish or otherwise use any non-public materials that were prepared on City time or while using City facilities, property (including without limitation, intellectual property), equipment and/or materials.
- C. USE OF PRESTIGE OF THE OFFICE** - No employee or officer may use his or her City title or designation in any communication for any private gain or advantage. The following activities are expressly prohibited by this section.
- **USING CITY BUSINESS CARDS** - No employee or officer may use his or her City business cards for any purpose that may lead the recipient of the card to think that the employee or officer is acting in an official capacity when the employee or officer is not.
  - **USING CITY LETTERHEAD, CITY TITLE, OR E-MAIL** - No employee or officer may use City letterhead, City title, City e-mail, or any other City resource, for any communication that may lead the recipient of the communication to think that the employee or officer is acting in an official capacity when the employee or officer is not. (Use of e-mail or letterhead in violation of this section could also violate subsection A of this section, which prohibits use of these resources for any non-City purpose.)
  - **HOLDING ONESELF OUT, WITHOUT AUTHORIZATION, AS A REPRESENTATIVE OF THE DEPARTMENT** - No employee or officer may hold himself or herself out as a representative of the Department, or as an agent acting on behalf of the Department, unless authorized to do so.

- V. PROHIBITION ON GIFTS FOR ASSISTANCE WITH CITY SERVICES** - State and local law place monetary limits on the value of gifts an officer or employee may accept in a calendar year. (Political Reform Act, Gov't Code § 89503, C&GC Code §§ 3.1-101 and 3.216). This section imposes additional limits by prohibiting an officer or employee from accepting any gift that is given in exchange for doing the officer or employee's City job.

#### **VI. AMENDMENT OF STATEMENT OF INCOMPATIBLE ACTIVITIES**

**All employees and officers employed with the Recreation and Park Department are responsible for reading the entire Department's Statement of Incompatible Activities which is available through:**

- Recreation and Park Department of Human Resources and Department's bulletin boards
- Recreation and Park website [www.sfrecpark.org](http://www.sfrecpark.org)
- Ethics Commission website [www.sfethics.org](http://www.sfethics.org)



London N. Breed, Mayor  
Philip A. Ginsburg, General Manager

**General Manager's Directive 19-01**  
**Departmental Vehicle Use Policy**  
**March 1st, 2019**

**To:** All San Francisco Recreation & Park Department Staff

**From:** Philip A. Ginsburg, General Manager

A handwritten signature in blue ink, appearing to be "PAG", enclosed within a blue circular stamp.

This directive provides departmental policy for the usage of City vehicles and rolling stock. The City's general vehicle use policy allows each department to modify their policies to reflect their unique operating conditions. This directive aggregates and specifies policies and best practices to promote safe operating conditions as well as accountability.

The following document is issued as a supplement to the 2014 Citywide Vehicle Use Policy (CVUP), the City "Driver's Guide" distributed by the City Administrator's Office, the Department's Safe Work Practices (SWP), and to GM Directive 13-01 (see attachment #1). *This document must be used in conjunction with the CVUP, the Driver's Guide, the SWP's and GM Directive 13-01.* The purpose of this document is to provide Recreation and Park Department (RPD) specific vehicle policies, incident follow up procedures, and follow up action recommendations when vehicle incidents occur.

This document supports RPD goals to better define and track vehicle use and outcomes; to curtail the number and cost of vehicle incidents; and most importantly, to provide a safer environment for all RPD staff and the public.

Failure to comply with these policies may result in corrective action, to be determined on a case-by-case basis through the supervisory chain of command and Human Resources. Review and become familiar with this document, paying special attention to the training section. If you have any questions, see your supervisor before operating any vehicle.





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### **A. Definitions**

*Gross Vehicle Weight Rating (GVWR)* - the maximum operating weight of a vehicle including all cargo, passengers, fuel, and the vehicle itself.

*Class C License* – allows operator to drive: (1) 2-axle vehicle with a gross vehicle weight rating of 26,000 pounds or less (2) 3-axle vehicle weighing 6,000 pounds or less gross (3) house car 40 feet or less (4) 3-wheel motorcycle with 2 wheels located in the front or back (5) vanpool vehicle designed to carry more than 10 persons, but no more than 15 persons including the driver. Operator may also: (1) tow a single vehicle with a GVWR of 10,000 pounds or less, including a tow dolly, if used (2) if operating a vehicle weighing 4,000 pounds or more unladen, tow a: (a) trailer coach or fifth-wheel travel trailer under 10,000 pounds GVWR when towing not for



compensation (b) fifth-wheel trailer exceeding 10,000 pounds, but under 15,000 pounds GVWR, when towing not for compensation, and with endorsement.

*Collision* – An incident in which the first harmful event involves a motor vehicle in motion coming in contact with another vehicle, other property, person(s) or animal(s).

*Commercial Driver's License (CDL)* – a category of driver's licenses that allows one to operate a commercial motor vehicle as defined by the following categories for California:

- Class A CDL – allows operator to drive: any legal combination of vehicles, including vehicles under Class B and Class C (non-commercial and commercial). Operator may also tow: (1) any single vehicle with a GVWR of more than 10,000 pounds (2) any trailer bus, with endorsement or more than 1 vehicle, with endorsement (3) any vehicles under classes B and C.
- Class B CDL – allows operator to drive: (1) a single vehicle with a GVWR of more than 26,000 pounds (2) a 3-axle vehicle weighing over 6,000 pounds (3) a bus (except a trailer bus), with endorsement (4) any farm labor vehicle, with endorsement (5) all vehicles under Class C.
- Class C CDL – allows operator to drive any class C vehicle carrying hazardous materials which require placards (Hazardous Materials endorsement must be on the license).

*Incident* - An undesired event that did or is claimed to have resulted in personal harm or property damage, or in any undesirable loss of resources.

## **B. Vehicle Use & Parking Policies:**

### **B-1) Vehicle Inspection**

Prior to vehicle operation, anyone driving a RPD vehicle must complete a check of the vehicle:

#### **Automobiles and Trucks**

- See Vehicle Operations SWP, page 7 for specific details.
- RPD drivers operating vehicles that require commercial driver's licenses (CDL) must complete a mandated pre-trip and post-trip driver vehicle inspection report (DVIR) complying with Federal Department of Transportation (DOT) regulations. A sample of this form is shown in attachment 10.

#### **Turf Trucksters (Cushmans, Toro Workmans, etc.)**

- See Vehicle Operations SWP, page 8 for specific details.



At the end of a shift, an operator is responsible for inspecting their vehicles again to make sure no mechanical or physical damage was incurred during their vehicle use. Any issues should be reported to their supervisor immediately (if it is a supervisor's regularly scheduled day off, report the issue to any available supervisor/manager, or if none is available, their supervisor at the earliest time they return to work.

### B-2) Records & Documentation

- a. Vehicle Trip Log ("the log" - Form attached - #2) is an *optional tool* for supervisors to use at their discretion. For example, a supervisor may choose to use the log for shared vehicles or for travel outside of San Francisco. If using the log, the driver completes a vehicle inspection as noted on the form and signs in on the log before starting a vehicle trip. The log is used to document the identity of each driver and each use of the vehicle. In addition, the following items should be entered on the log: vehicle condition (for more detail on vehicle condition, see the Vehicle Operation SWP), every destination or extended stop, arrival and departure times, and the odometer reading at each site.

When the driver is parking the vehicle at the end of the day or at the end of their use of a shared vehicle, that driver is responsible for sign out on the log, again inspecting the vehicle condition and ensuring that all information required has been completed fully, clearly, and accurately. To be effective, the log should be completed for all use of the vehicle, especially for each vehicle trip and/or any change in driver.

- b. Commercial Driver's License (CDL) Records Requirements
  - o Per California Highway Patrol regulations, supervisors of operators with CDL's must maintain records of drivers' record of duty status log and time keeping records for at least 6 months.
  - o CDL operators are required to obtain and successfully submit a medical examination report (MER) to the Department of Motor Vehicles on an annual basis.
  - o Human Resources (HR) must obtain annual employer pull notice (EPN) records for each CDL operator. Records must be signed and dated by a HR representative once a record is verified to be valid with a current MER. Incomplete records will be referred to the supervisors for review and follow up.

### B-3) Authorized Operators

Any employee who has taken a department approved defensive driving course is authorized to use department vehicles except for temporary exempt (TEX) staff, unless explicitly approved by the department head. Please see the CVUP for more information on authorized operators.



## B-4) General Vehicle Use

Always operate a vehicle in a safe and responsible manner in accordance with department specified defensive driving methodology. In addition to this document, please refer to the following resources for more detail:

- CVUP, Appendix B, Sections A, B, and C, pages 11-17
- GM DIRECTIVE 13-01
- SWPs for important guidance on vehicle use: Incident Reporting and Management, Vehicle Operation, Traffic Safety and Fuel Safety. Other SWPs may apply so please review them on the Department's intranet site based on your specific work situation. You can identify other SWPs under the "Related SWP" section within any SWP; SWPs are listed by equipment being operated and by various job tasks that can be assigned. (Also see training section in this document.)

*Vehicles may not leave San Francisco unless staff is directed by a supervisor to travel outside San Francisco. Such an assignment may be made only by their supervisor and should be made for each instance of travel outside of San Francisco. If using vehicle logs, supervisors should periodically audit them on an unannounced basis and investigate any unauthorized travel. GPS records may assist in such investigations.*

Operators must use vehicles for city business as stated in the Business Use Policy described on page 3 of the CVUP. The scope of city business covers one's assigned geographic work area and work activities. Travel for allowable breaks and meals must be conducted within the employee's allotted break time. Failure to conduct oneself in a manner consistent with policy while using a department vehicle may lead to disciplinary action.

## B-5) Shared Vehicle Use

With the City Administration's focus on fleet reduction and our budget environment, vehicle sharing is not only a requirement, but also a necessity. Carpooling is encouraged and shared use of vehicles between divisions and work units is required, with the exception of specialty vehicles. Anyone borrowing a vehicle must return it to the primary user in the same or better condition than in which it was received. If a borrower does not use the vehicle in a responsible manner, the borrower may lose the privilege of borrowing a vehicle in the future. Using a Vehicle Trip Log may be helpful to supervisors when managing shared vehicles.

- RPD Administrative Vehicle Pool Program
  - A limited number of pool vehicles are available at the Lodge/Annex for personnel based at those locations.
  - Access to these vehicles is controlled by a vehicle on demand system administered by RPD Fleet Management. Please request access if you are eligible and interested in program participation.





- Failure to adhere to program requirements may result in suspension of access to the vehicle pool.

#### B-6) Personal Use of Motor Vehicle(s) for Business

If you use your personal vehicle for business purposes, you do so at your own risk. Use of 2-wheeled or 3-wheeled motor vehicles propelled by combustion engines or electricity for business purposes is not permitted, including rentals. Please review page 5 of the City's Driver's Guide for more information on the use of a personal vehicle on city business.

#### B-7) Parking

City vehicles must always park legally on public streets, even in our parks. Employees are responsible for any traffic violations and parking citations issued on a City vehicle assigned to them or in their care. The employee is responsible for payment of fines and towing fees. (See the City Administrator memo dated August 21, 2013 (attachment #3) and the City Driver's Guide; these should be in the incident packet that all vehicles should have in the glove box). Only under circumstances required for work purposes, as determined by a manager/supervisor, is a vehicle allowed to temporarily park against traffic rules and regulations.

At the end of the work shift, vehicles must be parked at the property referenced in RPD's vehicle database and is the primary work location for the driver(s) of that vehicle. If a vehicle's permanent parking location is changed, the supervisor must notify RPD Fleet Management within 3 business days of any changes.

No one in the Department can take their vehicle home without authorization (see section B-8), nor may they park their vehicle at a RPD property closest to their home or commute location unless that is their primary work location. (This is important, as this is a taxable benefit to the employee and can be documented by GPS.)

#### B-8) Take Home Use of Department Vehicles

As specified in the City's Administrative Code 4.11, permission to take a vehicle home may be granted only in support of work requirements on a case-by-case basis. Such permission must be requested and justified in writing in advance by the driver and must be approved in writing by the employee's supervisor and their manager prior to any such use.

#### B-9) Prohibited Actions

##### THE FOLLOWING ACTIONS ARE PROHIBITED:

- You may not drive onto park paths or closed roads unless *there is no alternative* for work purposes. See "Vehicle Travel on





Turf/Unprepared Surface” and "Use of Spotters" in GM Directive 13-01 (attachment #1) for additional, specific instructions.

- You may not drive through any park area for convenience.
- You may not park on a service road, park pathway, lawn, athletic field, the perimeter of an outdoor pool, playground or other location not designed and designated for vehicle parking, unless directly related to work purposes as determined by a manager/supervisor.

*The above is not intended to be an exhaustive list and may change over time.*

### B-10) Vehicle Care

Operators are responsible for the condition of their department vehicles, which includes, but is not limited to the following areas:

- Interior cleanliness
- Exterior cleanliness
- Ensuring legibility and clarity of all city vehicle number decals and license plates. Notify RPD Fleet Management should items need replacement.
- Reporting any visible (e.g. check engine lights, non-functioning turn signal) or audible mechanical defects to the repair shop immediately. Call the shop at 415-218-9674 or email them at GGPAUTOSHOP@SFGOV.ORG.
- Responding to service notification reminders by RPD Fleet Management within 30 days by scheduling service with the repair shop. If unable to complete service within 30 days of notification, please contact RPD Fleet Management with an electronic or hard copy written justification for the delay.
- Safeguarding vehicles/equipment by ensuring they are properly secured and locked when not in use. Vehicle keys should never be left in an unattended vehicle.

As per City policy, no stickers, bumper stickers, flags or other markings/accessories may be added to any vehicle other than those originally applied or issued by the City's Central Shops. Wash tickets are also available from RPD Fleet Management should you need assistance with cleaning your vehicles.

*Please note a supervisor has ultimate responsibility for the condition of all vehicles assigned to their respective area of responsibility.*

### B-11) Determination of Preventable Collisions

RPD reserves the right to select a defensive training program best tailored to the department's needs. All employees trained in a given program will be held accountable to the principles of that program as well as Departmental and City vehicle policy. Determinations on preventability will account for those elements and whether the operator failed to do everything reasonable to prevent a collision. Determinations will be made by a RPD recognized subject matter expert (SME).





Final determinations for collision preventability will be presented to RPD's Incident Review Panel (IRP), which may provide a recommendation that corrective action is warranted. However, the final decision to take corrective actions will be taken on a case-by-case basis in consultation with the operator's chain of command and Human Resources.

### B-12) Training & Evaluation

All staff driving any department vehicle or equipment rolling stock item (i.e. anything a person can sit in or stand on and drive) will be enrolled in and must complete all required vehicle-related training and evaluation. This includes, but is not limited to:

- New Employee Orientation
- Classroom or online Defensive Driver training every two years
- Classroom or online Defensive Driver training whenever involved in an incident. Exceptions may be made in circumstances where the operator was not involved in a preventable incident.
- Successful completion of a behind-the-wheel defensive driving evaluation triggered by incident severity or frequency of incidents as determined by the supervisor.
- Injury and Illness Reporting and Management SWP
- Vehicle Operation SWP – must be immediately repeated whenever involved in an incident
- Traffic Safety SWP
- Fuel Safety SWP
- Related SWP, listed in those above and others, as applicable

Follow the training frequency indicated by Environment, Health and Safety (EHS) in the Injury and Illness Prevention SWP. Training resulting from Corrective Actions may also dictate when training should take place. As for all training, documentation evidencing completion of training must be turned in to EHS.

### C. Incident Reporting and Follow Up

#### C-1) Incident Reporting

Please refer to the CVUP and the City Driver's Guide (pp. 12, 13, 17, 18), as well as RPD's Injury and Illness Reporting and Management Safe Work Practice for details on reporting an incident. The following actions are **immediately required** on scene in the event of an incident:

- 1) *Call 911 immediately in the event of an injury incident.*
- 2) If staff is injured, get them cared for. Follow the procedures in the Injury and Illness Reporting and Management SWP.
- 3) Call your supervisor.
- 4) Call the Park Rangers at 415-242-6390.





If the Incident involves a member of the public and/or private property, **YOU MUST DO THE FOLLOWING:**

- 5) For non-injury incidents, call SFPD at 415-553-0123. Ask the dispatcher if the police will come to the scene and only wait for them if you are told they are coming. Get the case number if one is assigned by the SFPD dispatcher and/or police report to the scene. (The officer should give you a receipt with this information on it.) If the dispatcher informs you that SFPD will NOT report to the scene, get the dispatcher's name and number. If SFPD does not report to the scene within one hour of the incident, proceed to the nearest police station to complete a counter report.
- 6) Call the On-Call Investigator in the City Attorney's Office at 415-554-3900 and record the name and number of the person you spoke with. Additionally, follow all RPD Claims procedures as instructed in the RPD Employee Handbook.
- 7) Exchange information with the other driver. From the Employee Handbook: "Staff should be as helpful as possible but should not volunteer opinions. ... staff should not discuss ... or make any admission of liability..."
- 8) Take photos
- 9) COMPLETE & TURN IN THE SIGNED ORIGINAL VEHICLE & EQUIPMENT INCIDENT REPORT (VEIR) WITHIN 24 HOURS of the INCIDENT
- 10) All future communications between a private party, their agent, and/or insurance carrier must be referred to:

Office of the City Attorney  
Claims Office – 7<sup>th</sup> Floor  
1390 Market Street  
San Francisco, CA 94102  
415-554-3900

No written or oral statements are to be made by the operator or supervisory chain of command to non-city entities about an incident. This includes any type of communications or postings on social media channels.

Follow these incident procedures for *any* collision or incident involving a vehicle. Examples of collisions are hitting a moving vehicle or hitting any stationary object. Examples of non-collision incidents are any actions that cause damage to the department vehicle when it is stationary such as vandalism and damage incurred while loading/unloading the vehicle. Use the On-Site Incident Checklist (attachment #6) to assist you in gathering the above required information.

Depending on circumstances, it may be best to "walk" the incident form through the process in order to meet the 24-hour deadline. In other words, do not leave the form on someone's desk for their signature; find that person and have them sign. If someone whose signature is required on the form is not present, then have the next staff member up the chain of command sign the form. (If you cannot find the next staff member up the chain, then have a lateral level manager sign the form. For any signatures obtained that are not part of the expected chain of command,



explain the reason for the alternate signature(s) on the form.) Verified electronic signatures with a time/stamp functionality will now be accepted. Scanned copies of the VEIR are also acceptable with either electronic or hard copy signatures.

A Damage Repair Estimate is due within 48 hours & is obtained from Central Shops at 555 Selby Street. Other required documentation (SWP documentation, photos, etc.) is due within 5 business days of the incident.

In addition to what is required in the CVUP, City's Driver Guide and RPD's SWPs, the following is required in the event of a vehicle incident:

### C-2) California Department of Motor Vehicles (DMV) Reporting

By current law, one of the triggers requiring an incident be reported to the DMV is resulting damage valued greater than \$750. To quote from the DMV website: "Report the accident to the DMV within 10 days, if there is more than \$750 in damage to the property of any person, or anyone is injured (no matter how slightly) or killed.... This report is required whether you caused the accident or not, and even if the accident occurred on private property." (DMV form attachment #7.)

To determine the cost, supervisors must receive a quote for repairs from the Body Shop at Central Shops (555 Selby St.; call 628-652-5603 for appointment). The DMV form must be turned in along with the VEIR (within 24 hours). Note on the VEIR that the estimate is pending or attach a copy of Central Shops estimate. The form may be sent in to DMV only if the estimate confirms that damage is greater than \$750 (or one of the other criteria requires it.).

As a government employee, the RPD driver involved in an incident that is reported to the DMV may then petition the DMV to have that event removed from their driving record. The RPD driver must contact the DMV to do this and must do so on their own time.

### C-3) Incident Review Panel

An Incident Review Panel (IRP) was established by RPD in February 2011 and meets regularly to review incidents, determine contributing factors and recommend corrective actions. Driver incident records are reviewed for the most recent rolling 3 years of data to determine if a pattern of behavior should be incorporated into recommendations. Recommendations are made to the supervisory chain of command and Human Resources, who collectively make the final decisions on disciplinary measures.

### C-4) Minimum Vehicle Incident Follow-Up Actions

IRP reviews compliance with incident reporting procedures, including the associated required documentation. If documentation is not provided and/or





follow-up actions required are not completed, a written Counseling Memorandum or Letter of Reprimand may be issued to the appropriate party (see attached Counseling Memorandum - #8 and Letter of Reprimand - #9).

## **Bibliography**

As part of the best practice research conducted to produce this policy, a variety of source documents were referenced:

Driver's Guide, City and County of San Francisco, General Services Agency, October 2010

"Drivers Vehicle Condition Report", Form 0569A, Recreation and Park Department, City and County of San Francisco, Structural Maintenance Heavy Equipment Operations

Employee Handbook, Recreation and Park Department, City and County of San Francisco, Section VIII: CLAIMS, 2417-001, 2011

"Report of Traffic Accident Occurring in California", Form SR 1, State of California Department of Motor Vehicles, 2005

"Safe Work Practices", Environment, Health and Safety Division, Recreation and Park Department, City and County of San Francisco:

- Fuel Safety
- Incident Reporting and Management
- Injury and Illness Prevention
- Traffic Safety
- Vehicle Operations





Edwin M. Lee, Mayor  
Philip A. Ginsburg, General Manager

**To:** All SF Recreation & Park Department staff

**From:** Dennis Kern   
Director of Operations

**Date:** November 1, 2013

**Subj:** **GM Directive 13-01 – Vehicle Operations Policy**

This memorandum issues General Manager Directive 13-01 – Vehicle Operations Policy.

As presented and discussed in our recent All Staff Meeting on October 1, 2013, the Department has been reviewing existing City and Department policies for the operation of City vehicles – and evaluating where those policies may need clarification or expansion. This review and discussion has occurred in a range of employee venues – Parks & Open Space meetings, Recreation & Community Services meetings, a meeting of all 3422 Park Section Supervisors and, on October 30, 2013, a meeting of the Staff Safety Advisory Committee. GM Directive 13-01 – Vehicle Operations Policy is the result of this extensive Department-wide effort.

The Department will continue to evaluate vehicle operation practices in order to achieve the safest environment in which to accomplish our work and mission – one that promotes worker safety and enhances the park experience for the public. We will do this through continual review of park operations best practices, feedback from you and from the public, and meet & confer discussions with labor organizations (as appropriate). From those ongoing efforts, you may anticipate future addenda to this policy directive.



Edwin M. Lee, Mayor  
Philip A. Ginsburg, General Manager

**General Manager Directive 13-01**  
**Vehicle Operations Policy**  
**November 1, 2013**

**To:** All SF Recreation & Park Department Staff

**From:** Philip A. Ginsburg, General Manager

This directive summarizes the current City and Department policies that govern the operation of City vehicles and rolling stock; clarifies implementation for those policies, and; establishes additional Department policies for vehicle operation to further enhance a safe park environment for all Department staff and the public.

**Current City Policy Documents:**

-  *Use of City-owned Vehicles*; Administrative Code Section 4.11 (revision 3/19/2004)
-  *City Driver's Guide*; published by General Services Agency, dated October 2010
-  *Rules and Guidelines Regarding Use of City Vehicles*; City Administrator Memo, August 21, 2013

**Current Department Policy Documents:**

-  *Vehicle Operations Safe Work Practice*; revision 11/20/08
-  *Reminder on Use of City Vehicles*; RPD Everyone e-mail dated 10/27/2010 5:40:22PM issued by Director of Operations
-  *General Manager Directive 09-01: Vehicle Accident Reporting Procedures*; September 29, 2009

All Department staff are responsible and accountable for full compliance with the policies, procedures, and requirements described and implemented through the above-listed City and Department documents.

To further enhance a safe park environment for all Department staff working on parkland as well as the safety of park users as work is performed, the following additional vehicle operation policies and clarifications are hereby established:

**5 miles-per hour speed limit for all Department vehicles and rolling stock operating within parks, and not on a public street.** Upon entering a park (whether on a service road or turf/unprepared surface), vehicles and rolling stock will be operated no faster than a person can walk – not to exceed 5MPH.

**NOTE:** This 5MPH Speed Limit does not apply to operation on a public street within a park (e.g., JFK Drive in GGP). The posted traffic speed limit applies in that situation; however, the 5MPH speed limit does apply if leaving the public street and entering a service road or turf/unprepared surface within the park.

**Use of headlights, hazard warning lights, and installed light bars.** Upon entering a park (whether on a service road or turf/unprepared surface), the driver will illuminate the headlights and Hazard Warning

Lights (if installed). If the vehicle has an installed Light Bar, the driver will illuminate the Light Bar also. All lights are to remain illuminated while in the park.

**NOTE:** This particular policy section does not apply to operation of a vehicle on a public street within a park (e.g., MLK Drive in GGP); however, the lights must be illuminated if leaving the public street and entering a service road or turf/unprepared surface within the park.

**Forward-moving aural signal.** The Department has commenced the installation of an aural signal device (similar to the back-up signal in reverse gear) on all street-legal vehicles in the Department's Fleet. Once installed, the driver will activate the Forward-moving aural signal via a dashboard toggle switch upon entering a park (whether on a service road or turf/unprepared surface) and have the signal activated for the duration of the vehicle movement in the park.

**Vehicle Travel on Turf/Unprepared Surface.** When work requires vehicle travel across turf or other unprepared surface, the path of travel will be the shortest, most direct distance available from the service road or public street. Ideally, the vehicle would enter the turf or unprepared surface from a point 90 degrees perpendicular to the intended work site (similar to the 90 degree golf cart path rule on golf courses); however, park terrain, trees, etc. may not always make that feasible. In that case, the driver must use careful judgment in identifying the shortest and most direct path of travel.

**Use of Spotters when traveling on turf/unprepared surface.** The policy document *Reminder on Use of City Vehicles* issued on October 27, 2010 (see above) requires the use of a spotter when a vehicle is traveling on turf or other unprepared surface. When two or more staff are traveling in the vehicle, use of a spotter is required. When only the driver is in the vehicle and there is no spotter otherwise available (i.e., other RPD staff in the immediate work vicinity), the following policy applies:

- ✦ The driver will stop and park the vehicle at the point where the vehicle will depart the service road or public street.
- ✦ The driver will exit the vehicle and walk the intended path of travel across the turf/unprepared surface to inspect for terrain hazards and/or park users who might impede or interfere with the intended path of travel.
- ✦ If park users are encountered, the driver will inform each person of the intended vehicle travel and ensure that there is no mutual interference.
- ✦ If determined to be safe, the driver will return to the vehicle and proceed along the inspected path of travel (following all of the other above-stated policies).
- ✦ At the completion of work, the driver will again follow this procedure to traverse the turf/unprepared surface back to the service road/public street.

**NOTE:** This particular policy section does NOT apply to park utility vehicles (i.e., Cushmans, Trucksters, and other open bay, non-street legal vehicles) due to their open, unobstructed field of view.

**Defensive Driving Training.** All Department employees are initially trained on the *Vehicle Operation Safe Work Practice* (see above) during New Employee Orientation. Additionally, all Department staff are required to complete the Department's current Defensive Driving Training as a mandatory training requirement every two years and have training completion documented in their respective training file.

**Vehicle Operation by Temporary Exempt employees.** Temporary Exempt employees shall not operate City vehicles except as authorized by the Department Head.

Violation of these policies can result in restriction of City vehicle driving privileges as well as discipline up to and including termination.



Inspection Log

✓ = satisfactory U = unsatisfactory		S	A	T	S	U	N	M	O	N	T	U	E	W	E	D	T	H	U	F	R	I
		DATE:			DATE:			DATE:			DATE:			DATE:			DATE:			DATE:		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Driver 1	Initial Box																					
Driver 2	Initial Box																					
Driver 3	Initial Box																					
<b>ITEM</b>																						
Tires																						
Fenders and Body																						
Headlights (Hign & Low beam)																						
Turn Signals																						
Reflectors																						
Reverse Lights																						
Amber Flashing Lights																						
Brake Lights																						
License Plate																						
Brakes																						
Seats & Seat Belts																						
Horn																						
Instrument Panel																						
Fuel																						
Back Up Alarm																						
Windshield Wipers																						
Glass																						
Oil																						
Water																						
Transmission Fluid Level																						
Coolant Level																						
Brake Fluid Level																						
Power Steering Fluid																						
First/Emergency Kit																						
Jack/Spare Tire																						
Fire Extinguisher (date, works?)																						
Accident packet in glove box?																						
Other																						
<b>Comments</b>																						
SAT/DATE:																						
SUN/DATE:																						
MON/DATE:																						
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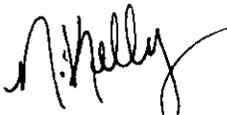


# OFFICE OF THE CITY ADMINISTRATOR



Edwin M. Lee, Mayor  
Naomi M. Kelly, City Administrator

August 21, 2013

To: Department Heads  
From: Naomi M. Kelly, City Administrator   
Subject: Rules and Guidelines Regarding Use of City Vehicles

This is a reminder to all departments regarding various rules and guidelines that apply to the use of City-owned vehicles. Please ensure that all employees who are authorized to operate vehicles adhere to these requirements.

**Personal use of City vehicles.** The use of a City vehicle for any purpose other than to conduct official City business is prohibited. Any reports of personal use of a City vehicle will be addressed to the department head, and may result in employees' suspension of driving privileges and disciplinary action.

**Non-City employees in City vehicles.** Only City employees who have been so authorized shall operate City vehicles. Spouses or other non-City employees shall not operate City vehicles. In addition, non-City staff shall not be transported in City vehicles except with the approval of the department head.

**City seal and identification.** In accordance with the Administrative Code, the City seal is required on City vehicles. Department identification numbers are also required. Exemptions may be granted under certain circumstances. Exemption requests must be submitted from the department head to the City Administrator.

**Compliance with MTA parking requirements.** Vehicles parked at metered spaces are required to display an MTA-issued permit or pay for parking, as well as comply with all parking limits and regulations.

**Citations and fines.** Employees are responsible for any traffic violations, parking citations, and bridge toll violations issued to a City vehicle under their use or care. In particular, departments are to hold employees responsible for paying any fines and towing fees incurred.

**Seat belts.** Seat belts are to be used at all times. The driver is responsible for ensuring that passengers buckle up.

**No smoking.** All City vehicles are non-smoking. Violators will be charged a cleaning fee and may have their driving privileges suspended.

**Cellular phones.** Use of hand-held cell phones or other mobile technology while driving on City business is prohibited.

**Anti-excessive idling policy.** Consistent with environmental goals, and to reduce operating costs, employees operating a City vehicle shall not idle an engine for more than five consecutive minutes. Exceptions are:

- idling when queuing
- idling necessary to ensure safe operation
- idling necessary to ensure health and safety of the operator
- idling to accomplish secondary operations (such as operating a crane)
- idling for testing or servicing purposes
- Muni revenue vehicles
- emergency vehicles

**Fuel keys.** City vehicles should be fueled at City fueling facilities. City fuel keys must be used only for fueling of City vehicles, and shall not be shared across vehicles.

Failure to comply with any of these policies may result in disciplinary action up to and including removal of City vehicle privileges, suspension and/or termination from City employment.

If you have any questions, please contact Tom Fung, Director of Fleet Management at [tom.fung@sfgov.org](mailto:tom.fung@sfgov.org) or (415) 550-4650.





## DRIVER EVALUATION FORM ("Ride-along Form")

**Driver must pass at 100% !**

Driver Name: \_\_\_\_\_ (please print clearly) Class/Title: \_\_\_\_\_

Division: \_\_\_\_\_ Location: \_\_\_\_\_ (Shop, PSA, Section, etc.)

CDL#: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driving History:  Everyday Driver  Occasional Driver  New Driver (less than 1 year)

Supervisor (Evaluator): \_\_\_\_\_ Title: \_\_\_\_\_

Vehicle number used for this evaluation: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

This evaluation is to be conducted in the same type of vehicle the staff driver typically operates. This review is aimed at improving driver safety, especially following an accident or incident, and enforcing RPD rules for driving.

### 1. Parks Rules

- a. Understands Accident Reporting Procedures\*      yes      no
- b. Can do Pre-Trip Inspection\*      yes      no
- c. Familiar with "Auto and Truck Driving Safe Work Practices"\*      yes      no

*\*Give employee copies of these documents*

### 2. Leaving Curb

- a. Checks to observe      yes      no
- b. Checks to signal      yes      no
- c. Checks blind spot      yes      no

### 3. Turning and Intersections

- a. Exercises proper judgment at intersection      yes      no
- b. Stops at center of intersection when making left turn      yes      no
- c. Attentive to signs, signals and lane markings      yes      no

### 4. Parking and Reversing

- a. Signals properly      yes      no
- b. Uses caution      yes      no
- c. Able to parallel park properly      yes      no

### 5. Driving in Traffic

- a. Keeps right      yes      no
- b. Proper lane of traffic      yes      no

- c. Proper amount of space between other vehicles      yes      no
- d. Proper speed      yes      no
- e. Yields right of way      yes      no
- f. Changes lanes properly      yes      no
- g. Anticipates actions of others      yes      no
- h. Anticipates potential hazards      yes      no

### 6. Vehicle Control

- a. Operates vehicle without stalling      yes      no
- b. Proper engine control/acceleration      yes      no
- c. Able to turn      yes      no
- d. Able to drive straight      yes      no
- e. Able to maneuver      yes      no
- f. Brakes properly      yes      no
- g. Uses gears properly      yes      no
- h. Overall driving confidence      yes      no

### 7. Off-road Driving/Miscellaneous

- a. Follows vehicle custody procedures      yes      no
- b. Completes vehicle trip log      yes      no
- c. Uses guider in tight spaces      yes      no
- d. Maintains 5 mph on pedestrian paths, near CPAs, dog runs or any other area not intended for driving      yes      no

Continued on Reverse

Was this employee able to operate this vehicle in a safe manner?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Comments:

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Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor: please give original to Fleet Manager and one copy to staff driver.** Original will be filed in the staff member's personnel file.



**ON SITE POST-INCIDENT CHECKLIST (Vehicle or Equipment)**

The following actions are immediately **required** on the scene of a vehicle or equipment incident.

- 1) **Call 911** immediately in the event of an injury.
- 2) **Call your supervisor.** If you don't reach them directly, leave a message. If they are not at work that day, call the next supervisor in your chain of command.

Time of call to Supervisor	
----------------------------	--

- 3) **Call the Park Rangers at 415-242-6390.** Ask them if they will send an officer, so that you know whether to wait. Write down:

Dispatcher Name	
Badge Number	
Case Number	
Time	

**AND** if an officer comes to the scene, write down:

Officer Name	
Badge Number	
Case number	

*If the incident occurred off of a street or highway, without injury and where only City property is involved, e.g. you hit a rock, tree, or bollard in one of our parks, you do not need to call SFPD or the City Attorney's On-Call Investigator, i.e. skip #4 & #5. **Do call SFPD and the City Attorney if members of the public and/or private property are involved in the incident regardless of location.***

- 4) **Call SFPD at 415-553-0123.** Ask them if they will send an officer, so that you know whether to wait. (No need to call if you called 911 already.) Write down the following:

Dispatcher Name	
Badge Number	
Case Number	
Time	

**AND** if an officer comes to the scene, write down the following or get their receipt with this information:

Officer Name	
Badge Number	
Case number	

- 5) **Call the On-Call Investigator in the City Attorney's Office at 415-554-3900.** Ask them if they will send an investigator, so that you know whether to wait. Write down:

Dispatcher Name	
Badge Number	
Case Number	
Time	

**AND** if an investigator comes to the scene, write down:

Investigator Name	
Badge Number	
Case number	

- 6) **Exchange information** with the other driver. Do not admit fault. Do not give unnecessary personal information. Give them the City Attorney's number to call for any follow up (415-554-3900), not your or the Department's phone number.
- 7) **Take photos** of their and your vehicle and the area.
- 8) **FULLY COMPLETE THE INCIDENT FORM (with Supervisor signature) AND TURN IT IN TO THE FLEET MANAGER WITHIN 24 HOURS.**

Make a copy for yourself and turn in this form with the accident report. Other required documentation (SWP documentation, copy of CDL, repair estimate, photos, etc.) is due within 5 business days of the incident. You will receive instruction on what else you or your supervisor need to do upon receipt of the incident form. THANK YOU.

3-2015



A Public Service Agency

## REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

Please type or print.

	# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION (CITY/COUNTY) (CALIFORNIA ONLY)				ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>REPORTING PARTY'S INFORMATION</b>	TIME OF ACCIDENT Hour _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Moving	<input type="checkbox"/> Stopped in Traffic	<input type="checkbox"/> Parked	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Other (E.G., ROLLAWAY)	DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)					DRIVER LICENSE NUMBER		STATE	
	DRIVER'S STREET ADDRESS							DATE OF BIRTH	
	CITY			STATE	ZIP CODE	TELEPHONE NUMBERS Wk (    )                      Hm (    )			
	VEHICLE (YEAR AND MAKE)			VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE	DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	VEHICLE OWNER (PERSON OR COMPANY)							DATE OF BIRTH	
	ADDRESS			CITY			STATE	ZIP CODE	
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT					POLICY NUMBER			
	COMPANY NAIC NUMBER		POLICY PERIOD From: _____ To: _____		POLICY HOLDER NAME				
	<b>OTHER PARTY'S INFORMATION</b>	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)							DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER'S NAME (FIRST, MIDDLE, LAST)					DRIVER LICENSE NUMBER		STATE		
DRIVER'S STREET ADDRESS							DATE OF BIRTH		
CITY			STATE	ZIP CODE	TELEPHONE NUMBERS Wk (    )                      Hm (    )				
VEHICLE (YEAR AND MAKE)			VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE	DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE OWNER (PERSON OR COMPANY)							DATE OF BIRTH		
ADDRESS			CITY			STATE	ZIP CODE		
INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT					POLICY NUMBER				
COMPANY NAIC NUMBER		POLICY PERIOD From: _____ To: _____		POLICY HOLDER NAME					
<b>INJURY/DEATH PROPERTY DAMAGE</b>		NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED					<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Bicyclist	<input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED					<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Bicyclist	<input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)							DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PROPERTY OWNER'S NAME AND ADDRESS								
	<b>READ IMPORTANT INFORMATION ON BACK</b>								

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PRINTED NAME	SIGNATURE <b>X</b>
------	--------------	-----------------------

ADDITIONAL INFORMATION ATTACHED

<b>I N S U R A N C E</b>	<b>A YOUR VEHICLE</b>		<b>CALIFORNIA INSURANCE INFORMATION</b>		<b>DO NOT DETACH</b>		<b>DMV FILE NUMBER</b>			
	The Department may send this part to the insurance company indicated. If not fully completed, it will be assumed you were not insured for the accident and your license will be suspended.									
	NAME OF INSURANCE COMPANY (NOT AGENT OR BROKER) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE									
	POLICY NUMBER				POLICY PERIOD					
					From: _____ To: _____					
	DATE OF ACCIDENT		IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY)						DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)	
			VEHICLE (YEAR AND MAKE)				VEHICLE IDENTIFICATION NUMBER		VEHICLE LICENSE PLATE NUMBER STATE	
			DRIVER				ADDRESS			
		OWNER				ADDRESS				
		FULL NAME OF POLICY HOLDER				ADDRESS				

SR 1A (REV. 1/2017) WWW

If the policy was not in effect, this form must be completed and returned to DMV within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

- WAS NOT IN EFFECT**
- Was not a liability policy       Did not cover the vehicle/driver       Number is not a company policy number

Policy Number \_\_\_\_\_ Policy Period from \_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

MAIL TO:  
 Department of Motor Vehicles  
 P.O. Box 942884  
 Sacramento, CA 94284-0884

SR 1A (REV. 1/2017) WWW

## IMPORTANT INFORMATION

California law requires *traffic accidents* on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage in excess of \$1,000. Untimely reporting could result in DMV suspending a driver license. Accidents involving vehicles *not required to be registered* such as an off-road vehicle (OHV), implement of husbandry, or snowmobile or occurring on a military base or occurring on the driver's own property involving *only* the personal property of the driver *and* there was no injury or death are not reportable.

The law requires the driver to file this **SR 1 form** with DMV **regardless of fault**. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports **do not** satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum insurance level for "financial responsibility" is **public liability and property damage coverage** of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance **does not meet the legal requirement**.

The *California Vehicle Code* (CVC) §1806 requires DMV to record accident information **regardless of fault** when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

## WHEN COMPLETING THIS FORM...

*Please print within the spaces and boxes on this form.* If you need to provide additional information on a separate piece of paper(s) or you include a *copy* of any law enforcement agency report, please check the box to indicate 'Additional Information Attached'. **If you are the passenger reporting the accident**, be sure to identify yourself by using the 'other' box and stating 'passenger' in the explanation.

- Write **unk** (for unknown) or **none** in any space or box when you do not have information on the other party involved.
- Give insurance information that is complete and which *correctly* and *fully* identifies the company that *issued* the policy.
- Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured or complained of bodily injury or know to be deceased.
- Record in the OTHER PROPERTY DAMAGED section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. *This may require that you contact the owner of the property for an estimate of damages.*
- Once you have completed this report, please mail it to:

Department of Motor Vehicles  
Financial Responsibility  
Mail Station J237  
P.O. Box 942884  
Sacramento, CA 94284-0884

DMV does not accept reports or take actions against non-reporting or uninsured motorists unless this SR 1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV *within one calendar year of the accident date*.

## ADVISORY STATEMENT

The accident information on the SR 1 is required under the authority of Divisions 6 and 7 of the CVC. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. CVC §16005 limits the public record for SR 1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, their employers, etc.) to receive specified information. Individuals may inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Unit Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.



COUNSELING MEMORANDUM

Date:

TO:  
FR:  
CC:  
RE: Vehicle Incident on \_\_\_\_\_, Vehicle # \_\_\_\_\_

As part of continuous improvement processes within the Department, Incidents Reports are reviewed on a formal, monthly basis by the Incident Review Panel consisting of RPD Superintendents, the Director of Operations and various HR & Administration support staff. As a result of their review, you are receiving this Counseling Memorandum. In reviewing the circumstances surrounding this incident, several follow up actions were not completed despite direct instruction to you to do so (refer to attached document copies). Specifically, you failed to complete the actions indicated below and *are still required to complete these items no later than within 5 business days of the date of this memorandum.*

- Turn in the Vehicle/Equipment Incident Form within 24 hours of the event
- Secure all signatures required on accident reporting form
- Submit Safe Work Practice documentation
- Submit Defensive Driving Course enrollment documentation
- Submit the Defensive Driving Course enrollment attendance documentation
- Secure required information from the other driver
- Submit a damage repair estimate
- Submit photos
- Call SFPD
- Call RPD Park Rangers
- Call your Supervisor
- Call the On-Call Investigator in City Attorney’s Office

As a reminder, all staff has been informed of follow up actions required following an incident on several occasions, as noted below:

- Incident Checklist is completed upon receipt of Incident Report and forwarded to supervisor of driver. A copy of the checklist forwarded to your supervisor is attached.
- Distribution of the new Driver Guide and Vehicle/Equipment Incident Form (April 2015)
- GM letter to all staff introducing the City’s Vehicle Use Policy. (April 2015)

Other follow up required or pertinent information related to this incident:

*You must complete all follow up referenced above within 5 business days of the date of this memorandum.*  
This Counseling Memorandum is issued to you as a consequence of not completing these actions as originally instructed. Should you fail to complete follow up actions as noted in this letter or for any subsequent incidents in which you may be involved, you may be subject to progressive disciplinary actions.

**Enclosures**





DATE:

TO:

FR:

CC:

SUBJECT: Letter of Reprimand for Inattention to Duty for Vehicle Accident on \_\_\_\_\_,  
Vehicle 651 \_\_\_\_\_

You are receiving this Written Letter of Reprimand as a result of your failure to complete the follow up actions indicated in the \_\_\_\_\_ Counseling Memorandum issued to you regarding the above incident, with a completion deadline of \_\_\_\_\_ (copy attached). You have failed to complete these actions by the deadline specified, despite direct written instruction for you to do so. Specifically, the items checked below continue to be delinquent due to your failure to take action:

- Failed to turn in the Accident Report within 24 hours of the event
- Failed to secure Supervisor comments regarding follow-up investigation and actions
- Failed to secure all signatures required on accident reporting form
- Failed to submit Safe Work Practice documentation
- Failed to submit Defensive Driving Course enrollment documentation
- Failed to submit the Defensive Driving Course enrollment attendance documentation
- Failed to provided a copy of your valid California Driver License
- Failed to secure required information from the other driver
- Failed to secure and submit a damage repair estimate
- Failed to submit photos
- Failed to call SFPD
- Failed to call RPD Park Rangers
- Failed to call your Supervisor
- Failed to call the On-Call Investigator in City Attorney’s Office

Other follow up that was required and has not been completed:

This is a Written Letter of Reprimand issued to you as a consequence of not completing these actions as originally instructed. This Written Reprimand for Inattention to Duty will be placed in your personnel file and you may be subject to further progressive disciplinary actions. Please refer to your MOU regarding your appeal rights.

Enclosures

DRIVERS VEHICLE CONDITION REPORT

DRIVERS NAME (Print): \_\_\_\_\_  
 VEHICLE NO. 651- \_\_\_\_\_ DATE \_\_\_\_\_  
 ODOMETER START \_\_\_\_\_ ODOMETER FINISH \_\_\_\_\_ TOTAL MILES \_\_\_\_\_  
 START TIME \_\_\_\_\_ FINISH TIME \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

NOTE: Enter \_\_\_\_\_ when items are satisfactory, and an X when items need attention. Explain any X entry. If more space is needed, use the back of this form. This form must be completed and turned into heavy equipment office daily.

ITEM TO BE CHECKED	✓ OR X	EXPLANATION
OIL NUMBER QTS		
ADDED		
WATER		
BATTERY		
BODY		
BRAKES PARKING		
SERVICE		
BRAKE LINE TO		
TRAILER		
COOLING		
COUPLING ASSEMBLY		
HITCH		
DRIVE LINE		
FIRE EXTINGUISHER		
FLARES/REFLECTORS		
FIRST AID KIT		
ENGINE		
EXHAUST		
FAN BELT		
GLASS		
HORN		
IGNITION SYSTEM		
LEAKS, LIST IF		
ANY		
LIGHTS: HEAD		
TAIL		
STOP		
MARKER LIGHTS		
OIL PRESSURE		
MIRRORS		
REFLECTORS		
SAFETY CHAINS		
SPEEDOMETER		
AMMETER		
SPRINGS/SUSPENSION		
STARTING		
STEERING		
TARPS		
TIRES		
WHEELS		
AUTOMATIC TRANS-		
MISSION FLUID		
ITEMS NEEDING		
ATTN.		
OTHER		

NOTE: VEHICLE CONDITION REPORT MUST BE IN VEHICLE AND IN DRIVER'S POSSESSION WHEN OPERATING VEHICLE.

DRIVER'S SIGNATURE: \_\_\_\_\_

MECHANIC'S SIGNATURE: \_\_\_\_\_



## WORKERS' COMPENSATION BENEFITS TIME-OF-HIRE NOTICE

THIS NOTICE MUST BE GIVEN TO ALL NEWLY HIRED EMPLOYEES.

### What Is Workers' Compensation?

If you get hurt on the job, your department is required by law to pay for workers' compensation benefits. You could get hurt by:

An individual event at work. Examples include but are not limited to hurting your back in a fall, getting burned by a chemical that splashes on your skin, or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work over time. Examples include but are not limited to hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples include but are not limited to getting injured in a store robbery or physically attacked by a customer.

#### DISCRIMINATION IS ILLEGAL!

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your department discriminated against you, they may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

Workers Compensation for injured or ill City employees are managed by the Department of Human Resources (DHR)'s Workers Compensation Division (WCD) for most City departments, and by Intercare Holdings Insurance Services Inc. for four City departments (Department of Public Health, Department of Public Works, Department of Human Resources, and City Attorney's Office) and the San Francisco Municipal Transit Agency. Additional information on the City's Self-Insured Workers Compensation Program may be found at <https://www.sf.gov/resource/2023/workers-compensation>.

## What Benefits Are Included in Workers' Compensation?

**Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

**Temporary Disability (TD) Benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

**Permanent Disability (PD) Benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:

- Your doctor's medical reports
- Your age
- Your occupation

**Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:

- You have a permanent disability.
- Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

**Return-to-Work Supplemental Program:** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' Compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit the website at <https://www.dir.ca.gov/RTWSP/RTWSP.html>.

**Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance of up to \$10,000.00.

## Are There Any Other Benefits Associated With Workers' Compensation?

**State Disability Benefits:** You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions, so for more information, contact the local EDD office or go to their web site at [www.edd.ca.gov](http://www.edd.ca.gov).

**Disability Pay (DP) for Police and Fire Sworn Personnel:** Sworn Police and Fire first responders receive Disability Pay, which is a form of salary continuation where the injured employee receives full salary in lieu of Temporary Disability (TD) benefits until they return to work or up to a maximum of 365 days.

**Labor Code Section 4850 for all other Sworn Personnel:** For all other Sworn Personnel, employees receive LC 4850 salary continuation benefits until the injured employee returns to work or up to a maximum of 365 days within 5 years from the date of injury.

**Assault Pay:** Assault Pay (also referred to as Battery Pay) is a form of salary continuation where a non-sworn or civilian City employee is injured and temporarily disabled as a result of a criminal assault by another person in the capacity of their duties, as defined by Administrative Code Section 16.170. Assault Pay is payable until the employee returns to work or for a maximum of 12 months.

### WORKERS' COMPENSATION FRAUD IS A CRIME!

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

## What Should I Do if I Have an Injury?

### Report Your Injury to Your Supervisor!

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits to filing a claim. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. For work-related injuries that happen over time, you have one year from when you realized your injury was job related to file a claim. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

You may be able to find the name of your employer's workers' compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

PARTY RESPONSIBLE FOR HANDLING THE CLAIM	
City and County of San Francisco Department of Human Resources Workers' Compensation Division	Intercare Holdings Insurance Services, Inc.
1 South Van Ness Ave, 4th Floor San Francisco, CA 94103	PO Box 211012 Eagan, MN 55121
PHONE	
(628) 652-0880	(916) 677-2500

**Get Emergency Treatment if Needed**

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your department may tell you where to go for treatment.

Emergency Telephone Number
<p><b>For emergency medical care, call 911.</b></p> <p>For non-emergency medical care, contact your department, the workers' compensation claims administrator, or go to any of the approved designated medical facilities listed at <a href="https://www.sf.gov/designated-medical-treatment-facilities">https://www.sf.gov/designated-medical-treatment-facilities</a></p>

**Fill Out DWC 1 Claim Form and Give It to Your Department Contact or DPO**

Your employing department must give you a [DWC 1 Claim Form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign, and give it back to your supervisor, DPO, or designated WC contact. The WC contact at your department will then file your claim with the claims administrator. The City must authorize treatment within **one working day** of receiving the DWC 1 claim form. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The City (CCSF WCD or Intercare) has **up to 90 days** to decide whether to accept or deny your claim. For injuries presumed to be work related for first responders, the timeframe to decide liability is shortened to 75 days. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

## What Else Should I Know About Medical Care?

### What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. They may be:

- The doctor you name in writing *before* you get hurt on the job,
- A doctor from the medical provider network (MPN),
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN, or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

### What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. The City and County of San Francisco has an established MPN (#1258) for all injuries and illnesses on the job. As such, if you have not named a doctor before you get hurt, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list. The City's Medical Provider Network listing may be found here: <https://www-lv.talispoint.com/intermed/ccsfmpn/>.

### What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill. You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses.

The doctor must have:

- Treated you,
- Maintained your medical history and records before your injury, and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the [Predesignation of Personal Physician Form](#) included with this notice. After you fill in the form, be sure to give it to your Department Personnel Officer (DPO) and also to Intermed CCS as described on the form.

### Are There Any Limits to Chiropractic Visits?

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if your claims administrator has authorized additional visits in writing.

## What if There Is a Problem?

If you have a concern, speak up. Talk to your department or adjuster handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

**Contact the State Workers' Compensation Information and Assistance Unit.** For claims that are not covered by the City's Alternate Dispute Resolution Program, you may contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free. To contact the nearest I&A Unit, call 1-800-736-7401 or go to <https://www.dir.ca.gov/dwc/ianda.html>.

<b>The Nearest State Workers' Compensation Information and Assistance Unit Is Located At:</b>
<b>Address:</b> 455 Golden Gate Ave, 2nd Floor, San Francisco CA 94102
<b>Phone:</b> (415) 703-5020

### Alternate Dispute Resolution Program for Police and Fire Sworn Personnel.

Labor Code Section 3201.7 allows employers and unions to form a labor-management Alternative Dispute Resolution Program (ADR), commonly known as a "carve-out", to resolve Workers Compensation disputes that otherwise would be resolved through the state administered process overseen by the California Division of Workers Compensation.

The City and County of San Francisco (CCSF) has entered into an agreement with the San Francisco Police Officers Association and the San Francisco Firefighters Local 798 to resolve workers compensation disputes through a carve-out for all injuries sustained and/or claimed on or after 7/1/19 by current and retired employees covered by these two labor organizations. Additional information on the Carve-Out program may be found on DHR's website here: <https://www.sf.gov/alternative-dispute-resolution-program>.

Workers Compensation injury claims covered under the Carve-Out Agreement entitle you to:

- The services of an employee organization approved Ombudsperson, Maria B. Mariotto, who serves as a Member Advocate to assist injured employees in resolving any problems you may have during the course of your claim.
- Resolution of medical treatment and medical-legal disputes using Independent Medical Evaluators (IME) approved by your labor representatives.
- An ADR Program Director who approves settlements and is responsible for overall program oversight.
- Mediators and Arbitrators approved by your labor organization who can efficiently resolve legal disputes as they arise.

Injured Employees covered under CCSF's ADR program may contact the adjuster assigned to their claim, or their Ombudsperson and Member Advocate, Maria B. Mariotto, at (415)932-6770 for any questions or concerns on a claim.

### Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, their fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **(415) 538-2120** or go visit their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may also get a list of attorneys from your local I&A Unit by calling **1 (800) 736-7401**.

#### WARNING!

The City generally will not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

#### ADDITIONAL RIGHTS

You may also have other rights under the Americans with Disabilities Act or the California Fair Employment and Housing Act. For additional information, contact California Civil Rights Department at 1 (800) 884-1684 or the Equal Employment Opportunity Commission at 1 (800) 669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the California Division of Workers' Compensation website at [www.dwc.ca.gov](http://www.dwc.ca.gov) or call 1 (800) 736-7401.

California Department of Industrial Relations  
1515 Clay Street, 17th Floor  
Oakland, CA 94612



**PREDESIGNATION OF PERSONAL PHYSICIAN**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- On the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**Please send this notice directly to Intercare at the address below, provide a copy to your departmental personnel office, and keep a copy for your records.**

**NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN**

**Employee: Complete this section.**

To: \_\_\_\_\_ (Name of your employer)

If I have a work-related injury or illness, I choose to be treated by:

Name of doctor (M.D., D.O. or medical group): \_\_\_\_\_

Street address, city, state & ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Employee name (please print first, middle, last): \_\_\_\_\_

Employee E-Mail: \_\_\_\_\_

DSW number: \_\_\_\_\_

Employee address: \_\_\_\_\_

Employee signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician or designated employee of the physician or medical group)

*The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).  
DWC FORM 9783 (7/2014)*

**EMPLOYEE:** Return original form to –  
ATTN: MPN Department  
InterMed CCS  
PO BOX 358  
Roseville, CA 95661  
Or Email: [MPNMedicalAssistant@intermedccs.com](mailto:MPNMedicalAssistant@intermedccs.com)



## **BENEFICIOS POR COMPENSACIÓN TRABAJADOR AVISO DE CONTRATACIÓN**

ESTE AVISO DEBE DARSE A TODOS LOS EMPLEADOS RECIÉN CONTRATADOS.

### **¿Qué es la compensación trabajador?**

Si se lesiona en el trabajo, su departamento está obligado por ley a pagar los beneficios del compensación trabajador. Puede lesionarse por:

Un evento individual en el trabajo. Algunos ejemplos son, entre otros, hacerse daño en la espalda con una caída, quemarse con un producto químico que le salpique la piel o lesionarse en un accidente de coche mientras hace repartos.

—o—

Exposiciones repetidas en el trabajo a lo largo del tiempo. Algunos ejemplos son, entre otros, las lesiones en las manos, la espalda u otra parte del cuerpo por realizar el mismo movimiento repetido o la pérdida de audición por ruidos fuertes y constantes.

—o—

Delitos laborales. Por ejemplo, resultar herido en un robo a una tienda o ser agredido físicamente por un cliente.

#### **¡LA DISCRIMINACIÓN ES ILEGAL!**

Según el artículo 132a del Código Laboral, es ilegal que su empleador le castigue o despidan porque usted:

- Presenta una reclamación de indemnización por accidente laboral.
- Tiene la intención de presentar una reclamación del compensación trabajador.
- Resuelve una reclamación del compensación trabajador.
- Testifica o tiene la intención de testificar a favor de otro trabajador lesionado.

Si se determina que su departamento le discriminó, puede ordenársele que le reincorpore a su puesto de trabajo. También se puede obligar a la empresa a pagar los salarios perdidos, el aumento de los beneficios del compensación trabajador y los costos y gastos establecidos por la ley estatal.

La División de Compensación Trabajador (WCD, por sus siglas en inglés) del Departamento de Recursos Humanos (DHR, por sus siglas en inglés) gestiona las lesiones por accidentes laborales de los empleados municipales lesionados o enfermos de la mayoría de los departamentos municipales, mientras que Intercare Holdings Insurance Services Inc. gestiona las lesiones de cuatro departamentos municipales (Departamento de Salud Pública, Departamento de Obras Públicas, Departamento de Recursos Humanos y Oficina del Abogado de la Ciudad) y de la Agencia Municipal

de Tránsito de San Francisco. Para más información sobre el programa de compensación trabajador de la Ciudad, visite <https://www.sf.gov/resource/2023/workers-compensation>.

## ¿Qué beneficios incluye la indemnización por accidentes laborales?

**Atención médica:** Pagada por su empleador para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo. Las visitas al médico, los servicios hospitalarios, la fisioterapia, las pruebas de laboratorio y las radiografías son algunos de los servicios médicos que pueden darse. Estos servicios deben ser necesarios para tratar su lesión. Algunos servicios, como la fisioterapia, la terapia ocupacional y la quiropráctica, están limitados.

**Beneficios por Incapacidad Temporal (TD):** Pagos si pierde salario porque su lesión le impide realizar su trabajo habitual mientras se recupera. El monto que puede percibir es de hasta dos tercios de su salario. Existen límites mínimos y máximos de pago establecidos por la legislación estatal. Se le pagará cada dos semanas si cumple los requisitos. Para la mayoría de las lesiones, los pagos no pueden superar las 104 semanas en un plazo de cinco años a partir de la fecha de la lesión. La Incapacidad Temporal (TD, por sus siglas en inglés) termina cuando usted se reincorpora al trabajo, o cuando el médico le da el alta para trabajar, o dice que su lesión ha mejorado todo lo que va a mejorar.

**Beneficios por Incapacidad Permanente (PD):** Pagos si no se recupera completamente. Le pagarán cada dos semanas si cumple los requisitos. Existen unos montos de pago semanales mínimas y máximas establecidas por la legislación estatal. El monto del pago se basa en:

- Los informes médicos de su doctor.
- Su edad.
- Su profesión.

**Beneficios Complementarios por Desplazamiento Laboral (SJDB):** Se trata de un vale de hasta \$6,000 que puede utilizar para actualización o mejora de habilidades en una escuela aprobada, libros, herramientas, licencias o tasas de certificación u otros recursos que le ayuden a encontrar un nuevo empleo. Puede optar a este vale si:

- Usted sufre una incapacidad permanente.
- Su empleador no le ofrece un trabajo regular, modificado o alternativo, dentro de los 60 días posteriores a que el administrador de reclamaciones reciba un informe médico que indique que usted ha logrado una recuperación médica máxima.

**Programa Suplementario de Regreso al Trabajo:** Para fechas de lesión posteriores al 01/01/2013, usted puede calificar para recibir dinero adicional del programa de la División de Indemnización por Accidentes Laborales conocido como Programa Suplementario de Regreso al Trabajo (RTWSP, por sus siglas en inglés) si recibió el Vale Suplementario por Desplazamiento Laboral (SJDB). Si tiene preguntas o cree que reúne los requisitos, póngase en contacto con la Unidad de Información y Asistencia llamando al 1-800-736-7401 o visite <https://www.dir.ca.gov/RTWSP/RTWSP.html>.

**Beneficios por el Muerte:** Pagos a su cónyuge, hijos u otras personas dependientes si usted fallece como consecuencia de una lesión o enfermedad laboral. El monto del beneficio depende del número de dependientes. El beneficio se paga cada dos semanas a razón de un mínimo de \$224 semanales. Además, la indemnización laboral prevé un subsidio de sepelio de hasta \$10,000.

## ¿Existen otros beneficios asociados al Compensación Trabajador?

**Beneficios estatales por incapacidad:** Puede presentar una reclamación ante el Departamento de Desarrollo Laboral (EDD, por sus siglas en inglés) para obtener prestaciones estatales por incapacidad cuando los beneficios de indemnización por accidente laboral se retrasen, denieguen o hayan finalizado. Existen restricciones temporales, por lo que para más información, póngase en contacto con la oficina local del EDD o visite su sitio web [www.edd.ca.gov](http://www.edd.ca.gov).

**Pago por incapacidad (DP, por sus siglas en inglés) para el personal juramentado de la policía y los bomberos:** El personal juramentado de primera intervención de la policía y los bomberos recibe un pago por incapacidad, que es una forma de continuación salarial en la que el empleado lesionado recibe el salario completo en lugar de las prestaciones por incapacidad temporal (TD) hasta que se reincorpore al trabajo o hasta un máximo de 365 días.

**Sección 4850 del Código Laboral para el resto del personal juramentado:** Para el resto del personal juramentado, los empleados reciben beneficios de continuación salarial, según la sección 4850 del Código Laboral, hasta que el empleado lesionado regrese al trabajo o hasta un máximo de 365 días dentro de los 5 años siguientes a la fecha de la lesión.

**Pago por agresión:** El pago por ataques (también denominado pago por agresión) es una forma de continuación salarial cuando un empleado municipal civil o no civil resulta herido e incapacitado temporalmente como consecuencia de una agresión criminal por parte de otra persona en el ejercicio de sus funciones, tal y como se define en la Sección 16.170 del Código Administrativo. El pago por agresión es pagadero hasta que el empleado se reincorpore al trabajo o durante un máximo de 12 meses.

### ¡EL FRAUDE EN EL COMPENSACION TRABAJADOR ES UN DELITO!

Cualquier persona que haga o haga hacer cualquier declaración falsa a sabiendas con el fin de obtener o negar beneficios o pagos de indemnización por accidentes laborales es culpable de un delito grave. Si es declarada culpable, la persona tendrá que pagar multas de hasta \$150,000 y/o cumplir hasta cinco años de cárcel.

## ¿Qué debo hacer si tengo una lesión?

### ¡Comunique su lesión a su supervisor!

Informe inmediatamente a su supervisor, por leve que sea la lesión. No se demore, ya que hay plazos para presentar una reclamación. Puede perder el derecho a los beneficios si su empresa no se entera de su lesión en un plazo de 30 días. Si se trata de una lesión o enfermedad que se desarrolla con el tiempo, notifíquela en cuanto sepa que ha sido causada por su trabajo. Para las lesiones relacionadas con el trabajo que se producen con el tiempo, dispone de un año desde que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar una reclamación. Si no puede informar al empresario o no tiene noticias del administrador de reclamaciones después de haber informado de su lesión, póngase en contacto usted mismo con el administrador de reclamaciones.

Se puede encontrar el nombre de la aseguradora de compensación de trabajador en el sitio [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). Si no existe cobertura o la cobertura ha expirado, comuníquese con la División de Cumplimiento de Normas Laborales en el sitio [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) ya que todos los empleados deben ser cubierto por la ley.

PARTE RESPONSABLE DE LA TRAMITACIÓN DE LA RECLAMACIÓN	
Ciudad y Condado de San Francisco Departamento de Recursos Humanos División del Compensación Trabajador	Intercare Holdings Insurance Services, Inc.
1 South Van Ness Ave, 4th Floor San Francisco, CA 94103	P.O. Box 211012 Eagan, MN 55121
TELÉFONO	
(628) 652-0880	(916) 677-2500

### Recibir tratamiento de urgencia si es necesario

Si se trata de una urgencia médica, acude de inmediato a un servicio de urgencias. Informe al médico que lo atienda de que su lesión está relacionada con el trabajo. Su departamento puede indicarle dónde acudir para recibir tratamiento.

Teléfono de emergencia
<p><b>Para atención médica de urgencia, llame al 911.</b></p> <p>Para recibir atención médica que no sea de urgencia, póngase en contacto con su departamento, con el administrador de reclamaciones de la compensación trabajador o acuda a cualquiera de los centros médicos designados autorizados que aparecen en la siguiente dirección</p> <p><a href="https://www.sf.gov/designated-medical-treatment-facilities">https://www.sf.gov/designated-medical-treatment-facilities</a></p>

### Complete la forma de reclamación DWC 1 y entrégueselo a la persona de contacto de su departamento o al responsable de personal de su departamento

Su departamento de empleo debe entregarle una [Forma de reclamación DWC 1](#) en el plazo de un día laborable tras conocer su lesión o enfermedad. Complete la parte correspondiente al empleado, fírmela y devuélvala a su supervisor, responsable de personal de su departamento o persona de contacto designada para el WC. El contacto de WC de su departamento presentará entonces su reclamación al administrador de reclamaciones. El Ciudad debe autorizar el tratamiento en el plazo de **un día laborable** a partir de la recepción de la forma de reclamación DWC 1. Si la lesión se debe a exposiciones repetidas, dispone de **un año** desde el momento en que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar una reclamación.

En ambos casos, puede recibir hasta \$10,000 en concepto de asistencia médica pagada por la empresa hasta que su reclamación sea aceptada o denegada. El Ciudad (CCSF WCD o Intercare) dispone

de **hasta 90 días** para decidir si acepta o deniega su reclamación. En el caso de las lesiones que se presumen relacionadas con el trabajo para los primeros intervinientes, el plazo para decidir la responsabilidad se reduce a 75 días. De lo contrario, su caso se presume indemnizable. Su empresa o el administrador de reclamaciones le enviarán “notificaciones de beneficios” que le informarán del estado de su reclamación.

## ¿Qué más debo saber sobre la atención médica?

### ¿Qué es un médico de atención primaria (PTP)?

Es el médico responsable del tratamiento de su lesión o enfermedad. Puede ser:

- El médico que usted nombra por escrito *antes* de lesionarse en el trabajo.
- Un médico de la red de proveedores médicos (MPN, por sus siglas en inglés).
- El médico elegido por su empresa durante los primeros 30 días de la lesión si su empresa no dispone de una MPN.
- El médico que usted elija después de los primeros 30 días si su empresa no dispone de una MPN.

### ¿Qué es una red de proveedores médicos (MPN)?

Una MPN es un grupo selecto de profesionales médicos que atienden a trabajadores lesionados. El Ciudad y Condado de San Francisco tiene un MPN establecido (#1258) por todos los lesiones y enfermedades del trabajo. Por lo tanto, si no ha designado un médico antes de lesionarse y su empresa utiliza una MPN, le atenderá un médico de la MPN. Después de su primera visita, usted es libre de elegir otro médico de la lista MPN. La lista del Red de proveedores médicos se encuentra aquí: <https://www-iv.talispoint.com/intermed/ccsfmpn/>.

### ¿Qué es la designación previa?

La designación previa consiste en nombrar a su médico habitual para que le atienda si se lesiona en el trabajo, que debe ser doctor en medicina, doctor en medicina osteopática (D.O.) o un grupo médico con un doctor en medicina o D.O. Debe nombrar a su médico por escrito *antes* de lesionarse o enfermarse. Puede designar previamente a un médico si tiene cobertura sanitaria para lesiones y enfermedades no laborales.

El médico debe:

- Haberlo atendido.
- Haber mantenido su historial médico y los registros antes de su lesión.
- Haber aceptado tratarle por una lesión o enfermedad relacionada con el trabajo antes de que usted se lesionara o enfermara.

Puede utilizar el [formulario de designación previa de médico personal](#) que se incluye con esta notificación. Después de completar el formulario, asegúrese de entregárselo al responsable de personal de su departamento y también a Intermed CCS, tal y como se describe en el formulario.

### ¿Hay límites para las visitas quiroprácticas?

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico tratante

después de 24 visitas. Una vez que haya recibido 24 visitas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que seleccionar un nuevo médico que no sea quiropráctico. El término “visita quiropráctica” se refiere a cualquier visita a la consulta de un quiropráctico, independientemente de si los servicios prestados implican manipulación quiropráctica o se limitan a la evaluación y el tratamiento.

Las excepciones a las 24 visitas incluyen las visitas de medicina física posquirúrgicas prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División del Compensación Trabajador, o si su administrador de reclamaciones ha autorizado visitas adicionales por escrito.

## ¿Y si hay algún problema?

Si tiene alguna duda, comuníquelo. Hable con el departamento o el perito que tramita su reclamación e intente resolver el problema. Si esto no funciona, pida ayuda probando lo siguiente:

**Póngase en contacto con la Unidad Estatal de Información y Asistencia en Materia del Compensación Trabajador.** Para reclamaciones que no están cubiertos por el Programa de Resolución Alternativa de Disputas del Ciudad, usted puede contactar a la Unidad de Información y Asistencia de la División del Compensación Trabajador (DWC). Las 24 oficinas de la DWC en todo el estado proporcionan información y asistencia en el P.O. Box 1140, Rocklin, CA 95677, sobre los derechos, beneficios y obligaciones bajo las leyes de Compensación Trabajador de California. Los oficiales de Información y Asistencia ayudan a resolver disputas sin procedimientos formales. Su objetivo es conseguirle beneficios completos y oportunos. Sus servicios son gratuitos. Para ponerse en contacto con la Unidad de Información y Asistencia más cercana, llame al 1-800-736-7401 o vaya a [https:// www.dir.ca.gov/dwc/ianda.html](https://www.dir.ca.gov/dwc/ianda.html).

**La unidad estatal de información y asistencia en materia del Compensación Trabajador más cercana se encuentra en:**

**Dirección:** 455 Golden Gate Ave, 2do piso, San Francisco CA 94102

**Teléfono:** (415) 703-5020

### **Programa de Resolución Alternativa de Conflictos para el Personal Jurado de Policía y Bomberos**

La Sección 3201.7 del Código Laboral permite a los empleadores y sindicatos formar un Programa de Resolución Alternativa de Disputas (ADR, por sus siglas en inglés), comúnmente conocido como “separación”, para resolver disputas de indemnización por accidentes laborales que de otro modo se resolverían a través del proceso administrado por el estado y supervisado por la División del Compensación Trabajador de California.

El Ciudad y el Condado de San Francisco (CCSF, por sus siglas en inglés) han llegado a un acuerdo con la Asociación de Oficiales de Policía de San Francisco y el Local 798 de Bomberos de San Francisco para resolver las disputas del compensación trabajador a través de una excepción para todas las lesiones sufridas y/o reclamadas en o después del 07/01/19 por los empleados actuales y jubilados cubiertos por estas dos organizaciones laborales. Información adicional sobre el programa

Carve-Out se puede encontrar en el sitio web del Departamento de Recursos Humanos aquí:  
<https://www.sf.gov/alternative-dispute-resolution-program>.

Las reclamaciones de Indemnización por Accidentes Laborales cubiertas por el Acuerdo de Separación le dan derecho a:

- Los servicios de un defensor aprobada por la Defensora del Empleado, Maria B. Mariotto, que actúa como Defensora del Empleado para ayudar a los empleados lesionados a resolver cualquier problema que puedan tener durante el transcurso de su reclamación.
- Resolución de tratamientos médicos y conflictos médico-legales mediante Evaluadores Médicos Independientes (IME, por sus siglas en inglés) aprobados por sus representantes laborales.
- Un director del Programa de ADR que apruebe los acuerdos y sea responsable de la supervisión general del programa.
- Mediadores y árbitros aprobados por su organización sindical que pueden resolver eficazmente los conflictos jurídicos que surjan.

Los empleados lesionados cubiertos por el programa ADR de la CCSF pueden ponerse en contacto con el perito asignado a su reclamación, o con su Defensora del Empleado, Maria B. Mariotto, llamando al (415)932-6770 para cualquier pregunta o duda sobre una reclamación.

### Consulte con un abogado

La mayoría de los abogados ofrecen una consulta gratuita. Si decide contratar a un abogado, sus honorarios pueden descontarse de algunas de sus beneficios. Para obtener los nombres de los abogados del compensación trabajador, llame al Colegio de Abogados del Estado de California al **(415) 538-2120** o visite su sitio web en [www.californiaspecialist.org](http://www.californiaspecialist.org). También puede obtener una lista de abogados llamando al **1 (800) 736-7401**.

#### ¡ADVERTENCIA!

Por lo general, el Ciudad no pagará indemnizaciones por accidentes laborales que se lesionen en una actividad recreativa, social o deportiva voluntaria fuera del trabajo que no forme parte de sus obligaciones laborales.

#### DERECHOS ADICIONALES

También puede tener otros derechos en virtud de la Ley de Estadounidenses con Discapacidades o la Ley de Empleo y Vivienda Justos de California. Para más información, póngase en contacto con el Departamento de Derechos Civiles de California llamando al 1 (800) 884-1684 o con la Comisión para la Igualdad de Oportunidades en el Empleo llamando al 1 (800) 669-4000.

La información contenida en este aviso se ajusta a los requisitos informativos que se encuentran en las secciones 3551 y 3553 del Código Laboral y en las secciones 9880 y 9883 del Título 8 del Código de Reglamentos de California. Este documento ha sido aprobado por el director Administrativo de la División del Compensación Trabajador.

Visite el sitio web de la División del Compensación Trabajador de California en [www.dwc.ca.gov](http://www.dwc.ca.gov) o llame al (800) 736-7401.

Departamento de Relaciones Industriales de California  
1515 Clay Street, 17th Floor  
Oakland, CA 94612



### DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR

En caso de que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico particular (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales
- Su empleador le ofrece un plan de salud grupal
- El médico es su médico familiar o de cabecera, que será un médico que ha limitado su práctica médica a medicina general o que es un internista certificado o elegible para certificación, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico
- Su "médico particular" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un integrado grupo médico multidisciplinario que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no relacionadas con el trabajo.
- Antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo
- Antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente: (1) notificación de que quiere que su médico particular le brinde tratamiento para una lesión o enfermedad de trabajo y (2) el nombre y dirección comercial de su médico particular.

Puede usar este formulario para notificarle a su empleador que desea que su médico particular o médico osteópata le proporcione tratamiento médico para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba han sido cumplidos.

**Por favor, envíe este aviso directamente a Intercare en el abordar a continuación, proporcionar una copia a la oficina de personal del departamento y guardar una copia para sus archivos.**

### NOTICIA DE DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR

**Empleado: Rellene esta sección.**

A: \_\_\_\_\_ (Nombre del empleador)

Si sufro una lesión o enfermedad de trabajo, yo elijo recibir tratamiento médico de:

Nombre del medico (M.D., D.O. o grupo medico): \_\_\_\_\_

Dirección, ciudad, estado, código postal: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ Número de fax: \_\_\_\_\_

Nombre del empleado (por favor imprima primero, último centro): \_\_\_\_\_

E-mail del empleado: \_\_\_\_\_

DSW número: \_\_\_\_\_

Domicilio del empleado: \_\_\_\_\_

Firma del empleado \_\_\_\_\_ Fecha: \_\_\_\_\_

**Médico: Estoy de acuerdo con esta Designación Previa:**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

(Médico o Empleado designado por el Médico o Grupo Médico)

*El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico de ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a)(3). FORMULARIO 9783 DE LA DWC (7/2014)*

**EMPLEADO:** Devuelve formulario original –

ATTN: MPN Department

InterMed CCS

PO BOX 358, Roseville, CA 95661

Or Email: [MPNMedicalAssistant@intermedccs.com](mailto:MPNMedicalAssistant@intermedccs.com)