

#### Family Friendly Workplace Ordinance Flexible or Predictable Working Arrangement Request Form

CCA Employees, please use this form to request a flexible or predictable working arrangement under the rights under the Family Friendly Workplace Ordinance (FFWO). The FFWO requires employers with 20 or more employees to *consider* requests from employees with caregiving responsibilities for 1) a child or children under the age of eighteen; 2) a person or persons with a serious health condition in a family relationship with the employee; or 3) a parent age 65 or older.

Once your request is submitted, CCA will review within **21 days.** Noting the review timeframe, please submit your request well in advance of the date you wish the requested change to take effect.

It is important that you complete all sections of this request form, providing as much information as you can about your desired working arrangement.

Submit the completed form to <u>hr@cca.edu</u>, and expect an acknowledgement of receipt within 1-2 business days. CCA will meet with you within 21 days of your request. Within 21 days of the required meeting, your employer must notify you in writing of their decision to grant or deny your request.

#### <u>Terminology:</u>

A flexible working arrangement means a change in an employee's terms and conditions of employment that provides flexibility to assist the employee with caregiving responsibilities. A flexible working arrangement may include, but is not limited to, a modified work schedule, changes in start and/or end times for work, part-time employment, job sharing arrangements, working from home, telecommuting, a reduction or change in work duties, or part-year employment.

Predictability refers to giving workers as much advance notice of their work schedule as possible, and minimizing changes to schedules after they have been assigned. For instance, an employee could request that his employer give him a week's notice before scheduling him for an overtime assignment.

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#### **Employee Request for Flexible Work Arrangement:**

I, \_\_\_\_\_\_, would like to apply for a flexible or predictable working arrangement that is different from my current working schedule. By submitting this request, I acknowledge that I meet **each** of the eligibility criteria as follows:

- I have worked as an employee for the company for six months.
- I work at least eight hours per week on a regular basis.
- I have, or expect to have, the responsibility to assist with the caregiving of:
  - € A child or children for whom I have parental responsibility;
  - $\epsilon$  A person or persons with whom I am in a family relationship that has or have a serious health condition; or
  - $\epsilon$  A parent age 65 or older.

### **Change Requested**

Different Start/Quit
Reduced Schedule
Compressed Schedules
Sharing a Job
Working Offsite
Combination

#### 1. Personal Information

Name:			
Address (street and number, city, state, zip):			
Email Address:	Phone: (Cell)	Phone: (Home)	
Job Title:	Supervisor:	Date of Hire:	

#### 2. Request Details

2a. Describe your current working schedule or arrangement (days/hours/times worked):

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2b. Describe the working schedule or arrangement that you would like to work in future (proposed days/hours/times):

**2c.** I would like this work schedule to commence on:

3. How will this proposed schedule help you work better?

4. The following are some business reasons to deny a request. Check any you think might be raised by your supervisor and for each item checked, please explain why you think it will not be a problem and how you might help to overcome it.

□ Team/Department productivity loss schedule

 $\Box$  Retraining or temporary hiring cost  $\Box$  Negative 

## I declare that the information above is true to the best of my knowledge and belief.

Print Employee Name:	
Employee Signature:	Date:

#### **Employer's Confirmation of Receipt**

Print Employer Name:	
Employer Signature:	Date: