



Instructions: Complete Section I, have your proposed employer complete Section II, then email or hand-deliver this form to your human resources department.

SECTION I		EMPLOYEE INFORMATION	
Employee Name	Victor Young	City Department	BOS Board of Supervisors
	First Last		
City Email	victor.young@sfgov.org	Job Code & Title	1492 Assistant Clerk, Board of Supervisors
Duration (1 Year Max)	<div>Start Date</div> <div>End Date</div>	Request Type	<input checked="" type="radio"/> New <input type="radio"/> Change in Conditions <input type="radio"/> Renew
Business Name	Helen Young - Receptient	Self-Employed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Business Type	In Home Supportive Services	Business Address	347 Cambridge Street
		Street Address	
		City	San Francisco
		State	CA
		Zip	94134
Set Work Schedule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No-Explain Below	Start	Sun Mon Tue Wed Thu Fri Sat
	Amount or value of compensation: \$ 22	<input checked="" type="radio"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other-Explain Below	
Job Duties/Explanations	Provision of elder care for Helen Young (mother) through IHSS as follows: Medication sorting and confirmation, medical equipment maintenance, escort to medical appointments, food preparation, shopping, general cleaning, and other needs as required with no specific schedule. Interpret direction of medical staff and assist implementing care as needed.		
<p>I understand that any additional employment not in accordance with the applicable Civil Service Rules may result in disciplinary action up to and including termination. I understand I must track the approval end date and ensure re-approval when necessary. I understand the City reserves the right to revoke this approval based on new information that affects the approval.</p>			
Employee's Signature		Date	

SECTION II		OUTSIDE EMPLOYER ACKNOWLEDGMENT	
I know that the person named in Section I is regularly employed by the City and County of San Francisco, and that I am employing that person subject to compliance with Civil Service Rules X18 series.			
Name	Helen Young	Title	Employer pursuant to IHSS
	First Last		
Employer's Signature	Date	Email	N/A
For employers that are another City and County of San Francisco department/agency, enter department's abbreviation: _____ If the additional employment may trigger FLSA overtime requirements, notice will be sent to you after review by DHR.			

SECTION III		DEPARTMENTAL APPROVAL	
I have determined that this additional employment does not conflict with this employee's City duties, responsibilities and work schedule.			
Name		Title	
	First Last		
Appointing Officer's Signature	Date	Email	

SECTION IV		DHR APPROVAL	
I have determined that this additional employment does not conflict with this employee's City duties, responsibilities and work schedule.			
Name		Comment	
	First Last		
Director/Designee's Signature	Date		

From: IHSS PAYMENT UNITS, (HSA) (DSS)
ihsspaymentunits@sfgov.org
Subject: FW: Verification of employment
Date: Jun 3, 2025 at 6:50:25 PM
To: vicay@aol.com

Hello,

Thank you for providing the form for review.

I understand that this is the Additional Employment Request form. This form is required for City employees who wish to engage in any paid employment outside their City job, including working as an IHSS provider while caring for a family member.

To clarify:

- **Section 1** should be completed by you, the employee.
- **Section 2** requires the signature of your client—in this case, your mother, who is considered the employer in the IHSS program.

If you have further questions about completing this form or the process, I recommend reaching out to your HR department for additional guidance.

Best regards,

[In-Home Supportive Services](#)

2382

Independent Provider Assistance Center
City and County of San Francisco

O: [\(415\) 557-6200](tel:(415)557-6200)

Mailing Address:

Attn: N3AX

Human Services Agency

PO Box 7988

San Francisco Ca 94120

www.SFHSA.org



SAN FRANCISCO HUMAN SERVICES AGENCY

**Department of Disability
and Aging Services**

From: vicay@aol.com <vicay@aol.com>