



Haverhill

Human Resources Department, Room 306
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FMLA Leave Notice or Request, Approval and Information

This section to be completed by the department if the employee does not wish to do so:

This Family/Medical Leave of Absence is for the following **qualifying reason**:

- Birth of a child and/or to care for a newborn child of the employee or spouse
- Placement with the employee of a child through adoption or foster care of a child
- Care for the employee's spouse, dependent child, or parent of the employee who has a serious health condition

Name/Relationship of person: _____

- Serious health condition that renders the employee unable to perform the functions of his/her job

Anticipated dated FMLA leave is to begin: _____ **end:** _____ (if known)

If the purpose of FMLA is to care for a sick family member or because of the employee's serious health condition, the leave may be taken intermittently or on a reduced schedule provided such arrangements are medically necessary. Departmental approval for intermittent leave is required if the leave is taken because of a birth or placement of a child. The employee must make a reasonable effort to schedule intermittent leave so as not to disrupt operations and may be temporarily transferred to another position with equivalent pay and benefits.

Employee name (please print)

Department

Employee signature (optional)

Date

This "approval" section is to be completed by the Human Resources Department.

- Leave of absence **approved** (FMLA eligibility requirements met)
- Leave of absence **conditionally approved** pending receipt of medical certification (FMLA eligibility met)

Medical certification due by _____ (at least 15 days must be allowed)

- Leave of absence **denied** because:
 - Employee does not meet FMLA eligibility requirements:
 - Employee has not been employed by the City of Haverhill for 12 months
 - Employee had not worked 1250 actual work hours in past 12 months
 - Employee does not have a **qualifying reason** for FMLA
 - Employee's calendar year allotment of FMLA (12 weeks) has been exhausted

Complete below AFTER receipt of medical certification.

Medical certification received on _____

- Leave of absence approved (**Do NOT approve until medical certification is fully completed and reviewed.**)
- Leave of absence denied because:
 - Not a qualifying reason for FMLA
 - Medical certification not provided

HR Departmental signature

Date

cc: Employee, Department