



# Haverhill

Human Resources Department, Room 306

Phone: (978) 374-2357 Fax: (978) 374-2343

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## City of Haverhill Families First Coronavirus Response Act Leave Request Form

To request leave on the basis of the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to Human Resources as soon is practical.

Employee Name (print clearly): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The reason for this FFCRA leave request is (select the most appropriate box):

1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.

Employee will receive up two weeks of paid sick leave.

2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Employee will receive up to two weeks of paid sick leave.

3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Employee will receive up to two weeks of paid sick leave.

4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Employee will receive up to two weeks of partially paid sick leave.

5. Employee is caring for his or her child under the age of 18 whose school or place of care is closed due to COVID-19 related reasons. Employee will receive up to two weeks of partially paid sick leave. \*

\*If checking box 5, employee is also eligible for up to an additional 10 weeks of partially paid leave. Please check this box to apply for Expanded Family and Medical Leave

6. Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. Employee will receive up to two weeks of partially paid sick leave.

**All requests for leave under the Families First Coronavirus Response Act must have supporting documentation attached.**

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

For HR use ONLY: Date received: \_\_\_\_\_ FFCRA Leave Approval Letter Sent: \_\_\_\_\_



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## City of Haverhill Families First Coronavirus Response Act Leave Request Procedure

To Request Paid Leave Under the Families First Coronavirus Response Act:

1. Complete the City of Haverhill Families First Coronavirus Response Act Leave Request Form
  - a. Employee must include supporting documentation such as:
    - i. A doctor's note stating that the employee is caring for someone or experiencing one of the following symptoms with relation to COVID-19:
      1. Temperature over 100.4° F
      2. Cough
      3. Shortness of breath
      4. Sore throat
      5. Contact with someone who has tested positive or is under review for COVID-19
    - ii. Proof that their child's school/place of care is closed
2. After review, Human Resources will contact the employee and the Department/Division Head of the decision. If approved, the employee will sign the FFCRA Leave Acceptance form.

### Please Note

- Provisions under the Families First Coronavirus Response Act apply from April 1, 2020 through December 31, 2020.
- An employee may only take up to 12 weeks total to care for their child whose school or place of care is closed due to COVID-19 related reasons during this timeframe. A child is defined as a dependent that is under the age of 18.
- If an employee is taking leave for reasons 1-4 on the request form, they may use their own vacation or personal time after their two weeks of Emergency Paid Leave has been exhausted.