



# Town of Danvers

## Human Resources Department

1 Sylvan Street, Danvers, MA 01923 | p: 978-777-0001 | f. 978-777-1025 | [www.danversma.gov](http://www.danversma.gov)

### Town of Danvers 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 as practical.

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

Department: \_\_\_\_\_

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

The reason for this FFCRA leave request is (select the most appropriate box) due to your inability to work (or telework):

- 1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Employee will receive up to two weeks of paid sick leave (100%, up to \$511 daily and \$5,110 total).
- 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 (100%, up to \$511 daily and \$5,110 total).
- 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Employee will receive up to two weeks of paid sick leave (100%, up to \$511 daily and \$5,110 total).
- 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 (2/3rds, up to \$200 daily and \$2,000 total).
- 5. Employee is caring for his or her child under the age of 14 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 (2/3rds, up to \$200 daily and \$2,000 total). \*

\*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.

7. I choose to supplement my 2/3 pay (reasons 4 & 5 and FMLA Expansion) with the following leave (**optional**):

vacation     sick     personal    If more than one, please list your preferred order

I choose to take intermittent FMLA expansion leave during the following days and hours (optional):

Monday	Tuesday	Wednesday	Thursday	Friday

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

For HR Use Only: Date Received: \_\_\_\_\_ Date Letter Mailed: \_\_\_\_\_

## Town of Danvers

### Families First Coronavirus Response Act Leave Request Procedure

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

1. Complete the Town of Danvers 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 100.0<sup>0</sup>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 & statement
      1. The statement from the employee should include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave and, with respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.
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 14.
- If an employee is taking leave for reasons 1-4 on the request form, they may fully use their own sick, vacation or personal time after their two weeks of Emergency Paid Leave has been exhausted.
- I understand that I must provide medical documentation from a healthcare provider, if it is due to a medically ordered quarantine, isolation or medical directive to obtain a medical diagnosis for myself or to care for an individual that is subject to a quarantine or isolation order. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements and all medical documentation will be stored in a separate, secured file.
- By inserting your name, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. You further agree that your signature on this document (hereafter referred to as your "E- Signature") is as valid as if you signed the document in writing.