

COVID-19 Paid Administrative Leave (PAL) Information**Up to 160 hours of cumulative COVID-19 PAL is available to permanent employees from Mar. 16, 2020 through Jun. 30, 2021 for the following reasons:**

- The employee is subject to a quarantine or isolation order, has been advised to self-quarantine by a health care provider or public health official; or
- The employee has had exposure to someone who tested positive for COVID-19 and is awaiting a diagnosis.
- If an employee experiences a reaction to their vaccination, either on the day of the vaccination or the following day. This leave may be applied retroactively to Jan. 1, 2021.

How COVID-19 PAL Works

- COVID-19 PAL is prorated for part-time employees.
- Eligible employees may receive up to 80 hours before exhausting their own accrued leave.
- Once the first 80 hours have been exhausted, the employee must use their accrued leave and paid time off for the absences.
- After the employee has exhausted their accrued leave and paid time off, then the employee may receive an additional 80 hours of COVID-19 PAL for the absences.

NOTE: Unless you are approved to telework by your supervisor, COVID-19 PAL must be taken in full-day increments. If you have been approved by your supervisor to leave work early for testing, COVID-19 PAL hours may be used to cover any part of the workday you miss.

If an employee used Emergency Paid Sick Leave (EPSL) under the Families First Coronavirus Response Act (FFCRA) or COVID-19 PAL in 2020 for any of the reasons below then those hours must first be deducted from the COVID-19 PAL entitlement available through Mar. 16, 2020 through Jun. 30, 2021.

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Employee has been advised by a health care provider to self-quarantine related to COVID-19; or
3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis).

Employee Instructions: If you need leave for one of the reasons above, please notify your supervisor and contact your departmental HR Representative for assistance. To request COVID-19 PAL, you, your supervisor, and TIM Administrator must complete the enclosed request form and email it to leave@unc.edu. If you are requesting PAL for a reaction to the COVID-19 vaccine, please submit a copy of your vaccination card with the completed request. For more information please review the [COVID-19 Leave Information page](#).

TIM Administrators: For “how-to” questions, please email timsupport@unc.edu.

Questions: Please call the Benefits and Leave Administration Support Center at 919-962-3071 or send an email to leave@unc.edu



COVID-19 Paid Administrative Leave Request (PAL) Request Form

Instructions: To request COVID-19 PAL, you, your supervisor, and TIM Administrator must complete this form and email it to leave@unc.edu. For assistance, please call 919-962-3071 or send an email to leave@unc.edu.

EMPLOYEE INFORMATION

| | | | | |
|---|--|--------------|-------------------|--|
| Employee Name: | | | PID: | |
| Empl Classification: | | Empl Status: | | |
| Please indicate the days per week and number of hours per day that you are scheduled to work below: | | | | |
| | | | | |
| Phone Number: | | Email: | | |
| Supervisor Name: | | | Supervisor Email: | |
| HR Rep Name: | | | HR Rep Email: | |

I AM UNABLE TO REPORT TO WORK ON-SITE OR WORK REMOTELY BECAUSE:

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. I have been advised by a health care provider or public health official to self-quarantine for COVID-19.
3. I have had exposure to someone who tested positive for COVID-19 and am awaiting a diagnosis.
4. I experienced a reaction to the COVID-19 vaccine, either on the day of the vaccination or the following day. Submit a copy of your vaccination card if requesting leave for this reason.

REQUESTED LEAVE DATES

Unless you are approved to telework by your supervisor, COVID-19 PAL must be taken in full-day increments. If you have been approved by your supervisor to leave work early for testing, COVID-19 PAL hours may be used to cover any part of the workday you miss.

| | | | |
|---------------------|--|--------------------|--|
| First Day of Leave: | | Last Day of Leave: | |
|---------------------|--|--------------------|--|

QUARANTINE & VACCINATION INFORMATION

Contact information for the governmental entity ordering quarantine, the health care provider or public health official advising self-quarantine or the COVID-19 vaccination provider.

| | | | |
|---|---|--------|--|
| Name: | | Phone: | |
| Address: | | | |
| Name of Clinic/Hospital/Service/Provider: | | | |
| Date of Service: | *Submit a copy of vaccination card if requesting PAL for reaction to vaccination. | | |

EMPLOYEE ATTESTATION AND SIGNATURE

I understand that the University reserves the right to contact the quarantine entity provided above or require the submission of reasonable documentation (e.g., from a health care provider, health department, etc.) to substantiate the request for COVID-19 PAL at the time of request or later. I also understand that providing false or misleading information or failure to provide the required documentation may result in disciplinary action, up to and including termination.

| | | | |
|---------------------|--|-------|--|
| Employee Signature: | | Date: | |
|---------------------|--|-------|--|



COVID-19 Paid Administrative Leave Request (PAL) Request Form

SUPERVISOR ACKNOWLEDGMENT

| | | | |
|-----------------------|--|-------|--|
| Supervisor Signature: | | Date: | |
|-----------------------|--|-------|--|

TIM ADMINISTRATOR SUPPLEMENTAL QUESTIONS

| | | | | |
|---|-----|----|------------|--|
| Did the employee use <i>EPSL 1-3</i> in 2020? | Yes | No | Hrs. Used: | |
| Did the employee use <i>AA – EPSL 1-3 Exhausted</i> in 2020? | Yes | No | Hrs. Used: | |
| Has the employee used <i>COVID-19 PAL</i> in 2021? | Yes | No | Hrs. Used: | |
| Has the employee exhausted all accrued leave and available paid time? | Yes | | No | |

Please note the employee’s current leave balances below:

Sick Leave:

Vacation Leave:

Bonus Leave:

Other (i.e. Comp Time):

| | |
|--------------------|--|
| TIM Administrator: | |
|--------------------|--|

| | |
|------------------|--|
| TIM Admin Email: | |
|------------------|--|

| | |
|-----------------|--|
| Date Completed: | |
|-----------------|--|

This form is part of UNC – Chapel Hill’s Leave Administration program. Email this form to leave@unc.edu. For questions, please call Benefits & Leave Administration Support Center at 919-962-3071 or email leave@unc.edu.