

## COVID-19 Paid Administrative Leave (PAL) Information

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**Up to 160 hours of cumulative COVID-19 PAL is available to permanent employees from Mar. 16, 2020 through the end of the public health emergency.**

**Employees may receive COVID-19 PAL under the following conditions:**

- The employee is unable to work or has been advised to self-quarantine by a health care provider or public health official; or
- Starting on Jan. 1, 2021, the employee experiences a reaction to their COVID-19 vaccination that prevents them from returning to work, either on the day of the vaccination or on the following day.

**Starting on July 1, 2021, absences due to isolation orders or non-quarantine possible exposures or symptoms are no longer eligible for COVID-19 PAL; employees must use personal leave.**

### **How COVID-19 PAL Works**

- 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.

Hours previously taken under the Families First Coronavirus Response Act (FFCRA) or previous PAL provisions using the TIM pay codes below are subtracted from the employee's 160 hours of COVID-19 PAL.

- "EPSL 1-3 – PD Leave"
- "AA – EPSL 1-3 Exhaust"
- "COVID-19 PAL"

**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](mailto:leave@unc.edu) along with the supporting documentation (if applicable). For more information please review the [COVID-19 Leave Information page](#).

**TIM Administrators:** Please contact the Benefits and Leave Administration Support Center at [leave@unc.edu](mailto:leave@unc.edu) to verify an employee's eligibility for PAL before entering COVID-19 PAL hours in TIM.

**Questions:** Please call the Benefits and Leave Administration Support Center at 919-962-3071 or send an email to [leave@unc.edu](mailto: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](mailto:leave@unc.edu). For assistance, please call 919-962-3071 or send an email to [leave@unc.edu](mailto:leave@unc.edu).

### EMPLOYEE INFORMATION

<b>Employee Name:</b>		<b>PID:</b>	
<b>Empl Classification:</b>		<b>Empl Status:</b>	
<b>Describe your regular work schedule below (i.e., the # of days per week and hours per day)</b>			
<b>Phone Number:</b>		<b>Email:</b>	
<b>Supervisor Name:</b>		<b>Supervisor Email:</b>	
<b>HR Rep Name:</b>		<b>HR Rep Email:</b>	

### ADVERSE REACTION TO THE COVID-19 VACCINE

I was unable to work because I experienced a reaction to the COVID-19 vaccine (including a booster vaccination) on the day of the vaccine or the day after the vaccine. ***(Please submit a copy of your Vaccination Card)***

Day of Vaccine:

Day After Vaccine:

# of Hours Requested:

# of Hours Requested:

### ADVISED TO QUARANTINE DUE TO COVID-19

I was unable to work because I was advised to quarantine by a health care provider or public health official due to COVID-19. Please list the dates of leave and # of hours needed below. ***(If you have documentation, please provide)***

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### CONTACT INFORMATION FOR HEALTH CARE PROVIDER OR PUBLIC HEALTH OFFICIAL WHO ADVISED YOU TO QUARANTINE

**Date that the health care provider or health official advised you to quarantine:**

<b>Name:</b>		<b>Telephone Number:</b>	
<b>Address:</b>			
<b>Name of Clinic/Hospital/Telemed Service:</b>			

*If you received a letter of instruction for quarantine from the health care provider/public health official, please submit it with this form.*

### 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**

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information or failure to provide the required documentation may result in disciplinary action, up to and including termination.

<b>Employee Signature:</b>		<b>Date:</b>	
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### SUPERVISOR ACKNOWLEDGMENT

<b>Supervisor Signature:</b>		<b>Date:</b>	
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### TIM ADMINISTRATOR SUPPLEMENTAL QUESTIONS

	Yes	No	Hrs. Used:	
<b>Did the employee use <i>EPSL 1-3</i> in 2020?</b>				
<b>Did the employee use <i>AA – EPSL 1-3 Exhausted</i> in 2020?</b>				
<b>Has the employee used <i>COVID-19 PAL</i> in 2021?</b>				

**Note: Any leave hours taken above are subtracted from the employee’s 160 hours of COVID-19 PAL**

<b>Has the employee exhausted all accrued leave and available paid time?</b>	Yes	No
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**Please note the employee’s current leave balances below:**

**Sick Leave:**

**Vacation Leave:**

**Bonus Leave:**

**Other (i.e. Comp Time):**

<b>Completed By:</b>	
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<b>Date:</b>	
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<b>UNC Email Address:</b>	
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This form is part of UNC – Chapel Hill’s Leave Administration program. Email this form to [leave@unc.edu](mailto:leave@unc.edu). For questions, please call Benefits & Leave Administration Support Center at 919-962-3071 or email [leave@unc.edu](mailto:leave@unc.edu).