

# Employee User Guide – Leave Request

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## Employee Overview

This user guide will show employees how to submit and view leave requests for family and medical reasons (i.e., employee’s own serious health condition, birth or placement of a child, etc.) in ConnectCarolina. The UNC Leave Administration Team created this online submission format to make leave requests simpler and more consistent.

## Employee Access to **Submit** a Leave Request

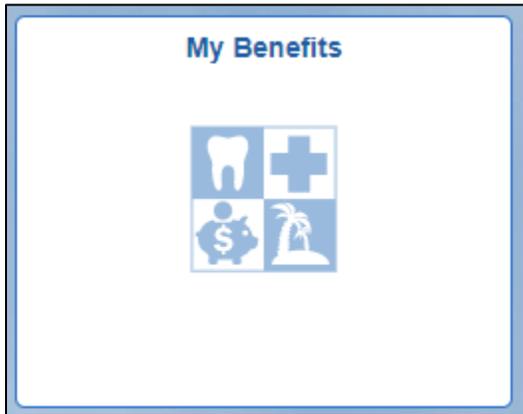
Log into [ConnectCarolina.unc.edu](http://ConnectCarolina.unc.edu)



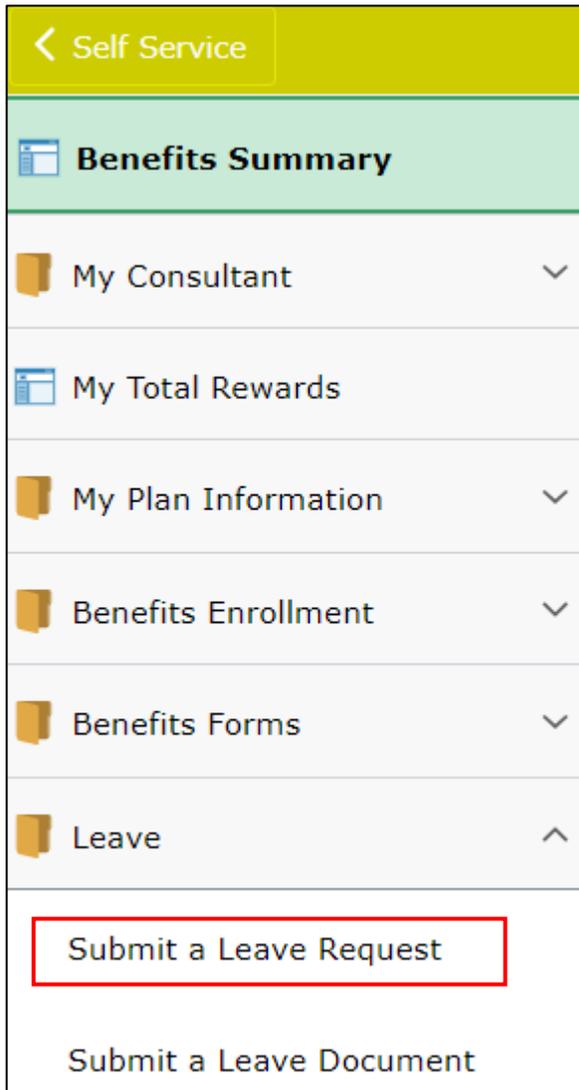
Navigate to Self Service



Select the My Benefits Tile on Self Service Homepage of ConnectCarolina.



Select the 'Submit a Leave Request' link under the Leave folder.



The page will display an overview of the online family and medical leave request form. The purpose of this form is to request time off work for family and medical leave reasons. If leave is needed for some other reason, this form should not be completed. Prior to submitting the request, we recommend that you review the University's [Family and Medical Leave policy](#).



**Family & Medical**  
*Leave Requests*

The purpose of this form is to request time off work for one of the family and medical leave reasons below. If leave is needed for some other reason, this form should not be completed.

1. **Employee's serious health condition**
2. **To care for a child, spouse, or parent with a serious health condition**
3. **Birth of a child and to bond with the newborn**
4. **Placement of child with employee for adoption or foster care and to bond with the new child**
5. **Qualifying exigency leave to attend to qualifying activities or events when your family member is on covered active duty or called to covered active duty**
6. **Military Caregiver Leave to care for a covered service**

The form will be used to determine eligibility for Family and Medical Leave and other leave benefits including, Paid Parental Leave, Faculty Serious Illness & Parental Leave, and Voluntary Shared Leave (VSL). The employee's combined Sick and Vacation Leave balances must be 160 hours or less to qualify for VSL.

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons, with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to take up to 12 workweeks of FMLA leave in a 12-month period. Prior to submitting the request, we recommend that you review the University's [Family and Medical Leave policy](#).

To take family and medical leave, you should provide your supervisor with the appropriate notice. Before completing this form, please let your supervisor know the reason that you are requesting leave, the estimated leave begin date and return date, and the estimated frequency and/or duration of leave. If you are requesting leave for your own serious health condition(s), please do not share any personal health information with your supervisor.

Once you submit this form, a confirmation email will be sent to you, your supervisor, and HR Representative with instructions on how to view the form. No personal health information will be shared with your department if you are requesting leave for a medical reason. The form will be routed to the Leave Team in the Office of Human Resources to review.

If you need to update or withdraw the request after you have submitted the form, send an email to [leave@unc.edu](mailto:leave@unc.edu). If you have questions about leave or need assistance, contact the Leave Administration Unit at [leave@unc.edu](mailto:leave@unc.edu).

When selecting the next button, the employee will receive the following warning message which explains this form cannot be saved after it is started. If the employee selects 'cancel' or the system times out, the answers will not save and the employee will need to start the process from the beginning.

Continue to Leave Request Form

You are about to begin submitting a request for leave. If you select cancel or the system times out, your answers will not save and you will need to start the process from the beginning. Click OK to accept or Cancel to return.

The following page will display employment information specific to the employee submitting the form. Employees are required to select their departmental HR Representative using the search prompt (magnifying glass). This individual will be copied on communications related to this leave request. Select the appropriate person from the list search results. If you do not know who your HR Representative is, select the [HR Officer for your school or division](#).

\*HR Representative

Employees are also required to indicate their Regular Work Schedule and Preferred Phone.

Adding a preferred email is optional. If the preferred email field is completed, then that email address will be used for all leave communications for this leave case (i.e., eligibility notice, approvals, etc.).

**Employee Information**

Employee PID	730069795	Department	260108
Name	Erica Guestin	Department Description	HR Information Mgmt
UNC Email Address	erica_guestin@unc.edu_UNC	Preferred Communication Email (Will be used in place of UNC email if completed)	<input type="text"/>
Supervisor Name	Kristine Williams	*Preferred Phone	<input type="text"/>
*HR Representative	<input type="text"/> Q	*Regular Work Schedule: Days of the week & Hours per day (Ex. M-F, 8 hrs. per day, 8:30 AM - 5:30 PM)	<input type="text"/>
TIM Admin Name	Debbie Cross		

This page will also allow the employee to select the reason for this leave request. Options include:

- Employee's Serious Health Condition
- Family Member's Serious Health Condition
- Birth of a child and to bond with the newborn
- Placement of child with employee for adoption or foster care and to bond with the new child
- Military Family Leave for Qualifying Exigency
- Military Caregiver Leave

**Leave Reason**

Select a reason for requesting leave below.

Employee's Serious Health Condition  No

Family Member's Serious Health Condition  No

Birth of a child and to bond with the newborn  No

Placement of child with employee for adoption or foster care and to bond with the new child  No

Military Family Leave for Qualifying Exigency  No

Military Caregiver Leave  No

[Previous](#) [Next](#)

A leave reason must be selected prior to moving forward or the employee will receive an error message.

A Leave Reason must be selected to continue to next page.

[OK](#)

Only one leave reason can be selected per request. If an employee attempts to select more than one reason the prior selected reason will return to 'No'.

Supplemental questions will populate based on the leave reason selected. These supplemental questions will assist the Leave Team in processing the leave request. In addition, these questions will determine which fields are shown on the following page. Here is an example of the supplemental questions that display when an employee selects the leave reason of Birth of a child and to bond with the newborn.

**Select a reason for requesting leave below.**

Employee's Serious Health Condition  No

Family Member's Serious Health Condition  No

Birth of a child and to bond with the newborn  Yes

Placement of child with employee for adoption or foster care and to bond with the new child  No

Military Family Leave for Qualifying Exigency  No

Military Caregiver Leave  No

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**Birth of a Child**

Eligibility determinations will be made based on the expected date of delivery if the child has not been born yet. Birthing parent refers to the parent who has/will give birth.

\*Parent Type

\*Expected delivery date or date of birth

If the employee has another open leave request, they will see a warning message when selecting the next button. This warning message is to remind employees if they need to update the existing request email [leave@unc.edu](mailto:leave@unc.edu). If this is a new request, select 'OK' to proceed.

Other Open Case

You have an open leave request. If you need to update the existing request, please email [leave@unc.edu](mailto:leave@unc.edu). If this is a new request, select OK to proceed.

The Estimated Leave Schedule section explains the leave types available. Employees can select from Continuous Leave, Intermittent Leave, or Reduced Schedule Leave.

Select all the leave types that apply and indicate the **estimated start date and return date (day after leave ends) for each period of leave**. Complete the dates to the best of your ability. The Leave Team can update the dates later, if needed.

Estimated Leave Schedule		
Please review the following table before answering the questions below. Select <u>all</u> the leave types that apply and indicate the <b><u>estimated start date and return date (day after leave ends) for each period of leave</u></b> . If the dates of leave change, please notify the Leave Administration Team as soon as possible and they will update your request.		
Continuous Leave	Intermittent Leave	Reduced Work Schedule Leave
Leave taken that is not broken up by periods of work. <b>Example:</b> An employee who had surgery and needs several weeks of continuous leave to recover.	Leave taken in separate blocks of time for a single qualifying reason. <b>Example:</b> An employee who suffers from a condition that causes "flare-ups" or periods of time where the employee needs to miss work on an intermittent basis. Intermittent FMLA leave may be taken in very small increments (e.g., hours, days)	Leave taken that reduces the employee's usual weekly or daily work schedule. <b>Example:</b> A full-time employee is unable to work 8 hours per day and/or 40 hours per week due to a single qualifying reason.
Intermittent & Reduced Work Schedule leave to care for or bond with newborn or newly placed adopted or foster child may only be taken with the department's approval and must conclude within 12 months after the birth or placement.		

Continuous leave is leave not broken up by periods of work.

**Continuous Leave**

Requesting Continuous Leave?  Yes

\*Continuous Leave Start Date

\*Continuous Leave Return Date

Intermittent Leave is leave taken in separate blocks of time for a single qualifying reason. In the explanation field the employee should indicate how they are requesting to use the blocks of leave time.

**Intermittent Leave**

Requesting Intermittent Leave?  Yes

\*Intermittent Leave Start Date

\*Intermittent Leave Return Date

\*Explain why it is needed and the proposed leave schedule.

If the leave reason selected was Birth of a child and to bond with the newborn or placement of a child with employee for adoption or foster care and to bond with the new child, an additional question will appear in the intermittent leave section. The

employee must indicate if the department has approved the requested leave schedule.

\*Has your department approved your requested leave schedule?

Reduced Work Schedule Leave is leave taken that reduces the employee's usual weekly or daily work schedule. In the explanation field the employee should indicate the reduced schedule they are requesting.

**Reduced Work Schedule Leave**

Requesting Reduced Work Schedule Leave?  Yes

\*Reduced Work Schedule Start Date

\*Reduced Work Schedule Return Date

\*Indicate the days and the number of hours per day requesting to work. (e.g., 5 hours/day, up to 25 hours a week)

If the leave reason selected was Birth of a child and to bond with the newborn or placement of a child with employee for adoption or foster care and to bond with the new child, an additional question will appear in the reduced schedule leave section. The employee must indicate if the department has approved the requested leave schedule.

\*Has your department approved your requested leave schedule?

Intermittent Leave and Reduced Work Schedule Leave can be taken concurrently. Continuous Leave dates cannot overlap with Intermittent or Reduced Work Schedule Leave dates. If overlapping dates are entered, the employee will receive the following error message.

Overlap

The dates requested for intermittent leave overlap with the dates for continuous leave. Please review your entries.

OK

If the request was for Birth of a child and to bond with the newborn and the employee is the birthing parent, the employee will see the Paid Parental Leave for

Recuperation section. When requesting to use recuperation leave, the estimated start date will default to the expected delivery date or child's date of birth added on the first page. The estimated recuperation leave return date will default to 4 weeks after the start date. If the date of birth changes, the Leave Team will update the approval dates.

**The Paid Parental Leave policy only applies for certain employee types; therefore, Faculty and temporary employees will not see this section even for the above leave reasons.**

**Paid Parental Leave for Recuperation**

Based on the information provided, you may be eligible for Paid Parental Leave (PPL). For more information, visit the [Paid Parental Leave policy](#).

Eligible employees who have given birth may receive a maximum of four weeks of PPL for recuperation during the disability period associated with the birth of a child. **This leave must be used as a continuous four-week period of leave commencing immediately following the birth of a child.** The PPL Recuperation dates below are based on the expected date of delivery and are subject to change. The Leave Administration Team will review your request and communicate with you and your department regarding your eligibility for PPL Recuperation Leave.

**\*Requesting Recuperation Leave?**

**Recuperation Leave Start Date** 07/31/2023

**Recuperation Leave Return Date** 08/28/2023

If the request was for Birth of a child and to bond with the newborn or Placement of child with employee for adoption or foster care and to bond with the new child, the employee will see the Paid Parental Leave for Bonding section. When requesting to use bonding leave the estimated bonding start and return dates must be completed. Bonding leave must be used for a continuous four-week period and taken within the first 12 months of the birth or placement.

**Paid Parental Leave for Bonding**

Based on the information provided, you may be eligible for Paid Parental Leave (PPL). For more information, visit the [Paid Parental Leave policy](#).

PPL for Bonding leave must be used as a continuous four-week period to care for and bond with an eligible child. This leave must be taken within the first 12 months of the birth or placement.

**\*Requesting Paid Parental Bonding Leave?**

**\*Bonding Leave Start Date**

**\*Bonding Leave Return Date**

If the request is for an eligible faculty member, the Faculty Serious Illness section will display to provide information about the Faculty Serious Illness policy.

**Faculty Serious Illness Leave**

Based on the information provided, you may be eligible for Faculty Serious Illness Leave (FSIL). For more information, visit the [Faculty Serious Illness, Major Disability, and Parental Leave policy](#).

FSIL grants eligible faculty members with up to sixty (60) calendar days of paid leave in a fifty-two (52) week period. FSIL runs concurrently with leave taken under the Family and Medical Leave Act (FMLA) if applicable. The Leave Administration Team will review your request and communicate with you and your department regarding your eligibility for FSIL.

If the request is for an eligible faculty member for Birth of a child or Placement of child with the employee for adoption of foster-care and to bond with the new child, the faculty member will see the Faculty Parental Leave section. This section provides information about the Faculty Parental Leave policy and may display supplemental questions.

**Faculty Parental Leave**

Based on the information provided, you may be eligible for Faculty Parental Leave (FPL). FPL runs concurrently with Faculty Serious Illness Leave (FSIL) and leave taken under the Family and Medical Leave Act (FMLA) if applicable. For more information, visit the [Faculty Serious Illness, Major Disability, and Parental Leave policy](#). The Leave Administration Team will review your request and communicate with you and your department regarding your eligibility for FPL.

\*During what timeframe is Faculty Parental leave being requested?

\*Does this employee's spouse work for the University?

The Leave Accruals section will populate for employees who track time in TIM. This section will display leave balances for Sick, Vacation, and Bonus. Employees must indicate if any leave balances should be retained and if so, explain the amounts.

**Leave Accruals**

Employees have several options for using accrued leave under the Family and Medical Leave (FMLA) policy. In some cases, the specific situation will limit the options available. For more information, see "Leave Charge Options" section on the [Family and Medical Leave policy](#).

For additional leave types that are not listed or for balances updated after the effective date listed below, view [TIM](#) directly.

Balances below are effective as of: 2023-04-30

Sick Leave 200.47

Vacation Leave 200.6

Bonus Leave 0

Total Leave Balance 401.07

\*Do you want to retain any leave balances (if allowable)?

\*Explain what leave and amounts should be retained.

The Voluntary Shared Leave (VSL) Attestation section will populate for employees who track time in TIM and have **less than 160 hours** of combined Sick, Vacation, and Bonus leave available. Employees can indicate if they would like to apply for VSL in this section as well as specify if they would like their department to solicit VSL on their behalf.

**VSL Attestation**

You may be eligible for Voluntary Shared Leave (VSL) if you meet the criteria outlined in the [Voluntary Shared Leave policy](#). Please indicate if you would like to apply for VSL and if you would like for the University to solicit donations on your behalf. If you indicate that you do not want the University to solicit donations on your behalf, you may still receive VSL, but will not be advertised.

\*Apply for Voluntary Shared Leave

\*Would you like for the University to solicit VSL donations on your behalf?

I certify that I have read and understand each of the statements below:

- I am applying to receive leave under the provisions of the Voluntary Shared Leave policy.
- My medical condition will not be shared.
- If approved, any donated leave will be done so on a strictly voluntary basis and will be kept confidential.
- If no donations are received, I may be placed on leave without pay and will be responsible for pay back of overdrawn leave.
- I acknowledge that shared leave may only be applied **after I have exhausted all available leave**, including sick, vacation, and bonus.

\*Employee VSL Attestation

All employees must read the Employee Leave Certification statements prior to signing and submitting their leave request.

**Employee Leave Certification**

I certify I have read and understand each of the below statements and that the information provided on this form is accurate and complete. Any falsification of information may lead to appropriate administrative action, up to & including dismissal from UNC-CH.

- I may be required to provide documentation to substantiate my need for leave. Failure to submit the required documentation may delay my approval for leave or result in denial.
- I must let my department know when I need to use FMLA leave and follow the regular call-in procedures.
- If I go on unpaid leave, I must contact the Leave Team to pay for my portion of benefit premiums or cancel my coverage. Send an email to [leave@unc.edu](mailto:leave@unc.edu) with "Leave Desk Billing" in the Subject Line.
- I must notify my assigned Leave Consultant immediately of any changes that occur during my leave period (i.e., my return to work date changes.)

\*Employee Signature

Signature Date 07/13/2023

After submitting the leave request, employees will see a results page which includes a link to the Leave Document form. If the employee has a document related to the leave request that they would like to submit at this time they can do so using the link.

## Successfully Submitted

You have successfully submitted your leave request. Your request will be routed to the Leave Administration Unit to review and determine if you are eligible for Family and Medical Leave and any additional benefits.

If you have a document related to this leave request and you would like to submit the document at this time, visit the [Submit a Leave Document eForm](#) link below.

If you do not have related documents to submit at this time, you can add them later using the [Leave Document eForm](#) ([SelfService](#) > [My Benefits Tile](#) > [Leave](#) > [Submit a Leave Document](#)).

Your supervisor, departmental HR representative, and TIM Administrator will receive an email that you have submitted a leave request and they will be able to view it. No personal health information will be shared with them.

If you have any questions, please email [leave@unc.edu](mailto:leave@unc.edu).

[Submit a Leave Document](#)

After submitting the leave request, the employee, their supervisor, and their HR Representative will receive an email indicating the date the leave request form was submitted, the reason for leave, and instructions on how to view the form.

**Form ID:** 2172918

**Employee:** Erica Guestin | 730069795

**Department:** 260108 | HR Information Mgmt

**Reason:** Birth of a Child

This email is notification that the following Leave Request eForm was successfully submitted on 06/22/2023 and will be routed to the Leave Team in the Office of Human Resources for review.

You can view the form by doing one of the following:

1. Erica Guestin (Employee): Log into ConnectCarolina under the Self-Service homepage, select My Benefits > Leave > View My Leave Forms
2. Kristine Williams (Supervisor): Log into ConnectCarolina under the Self-Service homepage, select HR eForm > Manager eForms > View Direct Report eForms
3. Debbie Cross (HR Representative): Log into ConnectCarolina under the Admin Workcenter homepage, select HR Workcenter > Forms > View Employee eForms

**Employee:** If you need to update or withdraw the request, please send an email to [leave@unc.edu](mailto:leave@unc.edu) with the Form ID in the Subject Line.

**Supervisors:** Please review the employee's request for leave. If you have any questions or concerns, please send an email to [leave@unc.edu](mailto:leave@unc.edu) with the Form ID in the Subject Line.

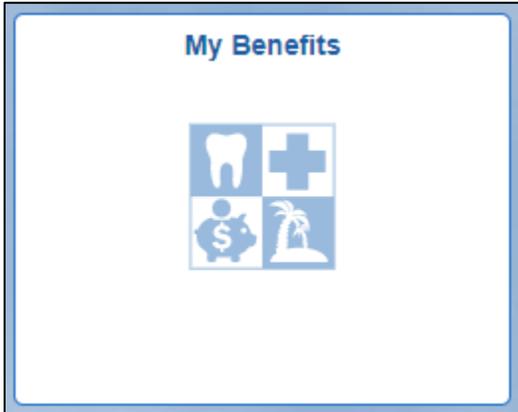
**HR Representative:** If you are not the correct HR Representative for this employee, please send an email to [leave@unc.edu](mailto:leave@unc.edu) with the Form ID in the Subject Line and let us know the correct HR Representative.

The departmental TIM Administrator will be copied on all subsequent emails related to the employee's request for leave. If the HR Representative or TIM Administrator contacts are incorrect or change, please send an email to [leave@unc.edu](mailto:leave@unc.edu) with the Form ID in the Subject Line.

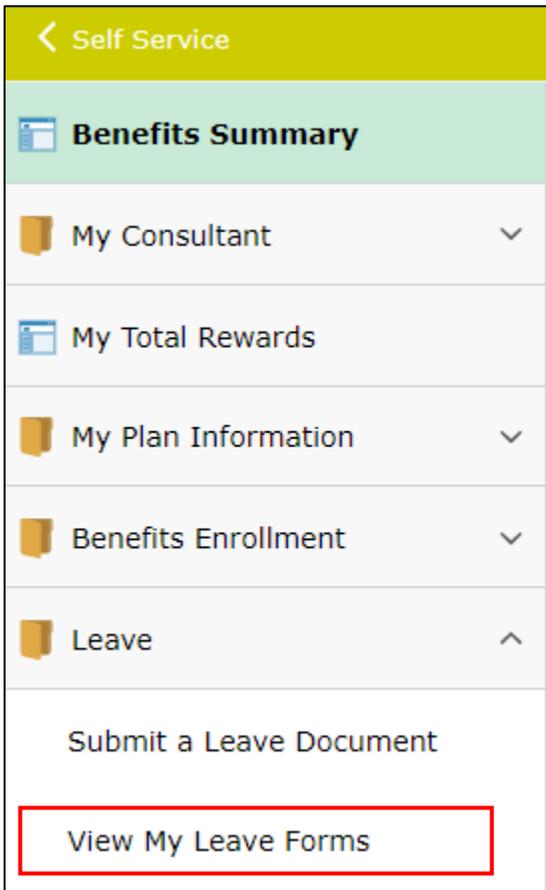
NOTICE TO RECIPIENT: THIS E-MAIL, AND THE DOCUMENTS ACCOMPANYING THIS TRANSMISSION ARE CONFIDENTIAL AND MAY BE A COMMUNICATION PRIVILEGED OR PROTECTED BY LAW. IT IS MEANT FOR ONLY THE INTENDED RECIPIENT. IF YOU RECEIVED THIS E-MAIL IN ERROR, ANY REVIEW, USE, DISSEMINATION, DISTRIBUTION, OR COPYING OF THE E-MAIL IS STRICTLY PROHIBITED - PLEASE DELETE THE MESSAGE FROM YOUR INBOX. THANK YOU IN ADVANCE FOR YOUR COOPERATION.

## Employee Access to **View** a Leave Request

Select the My Benefits Tile on Self Service Homepage of ConnectCarolina.



Select the 'View My Leave Forms' link under the Leave folder.



Employees are required to complete DUO to view leave forms as they may contain sensitive information. Instructions are available on how to set up DUO if the employee has not previously registered.

### **Self Service Instructions to Access Leave eForms**

- **When accessing forms that contain sensitive employee data 2-Step Verification is required.** 2-Step secures your account by adding a second security measure to your ConnectCarolina username and password.
- **If you have not registered for 2-Step verification:** Please click on the 'Register for 2-Step' link below.
- **If you have any issues setting up 2-step verification,** please contact the UNC Help Desk at 919-962-HELP (4357) or at <https://help.unc.edu>.
- If you have questions, please contact [leave@unc.edu](mailto:leave@unc.edu).

 [Verify with 2-Step](#)

[Register for 2-Step](#)

[Check 2-Step Registration](#)

After completing the DUO prompt, the employee can continue to 'View My Leave Forms'.

## Self Service Instructions to Access Leave eForms

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[Continue to Leave Form](#)

[Register for 2-Step](#)

[Check 2-Step Registration](#)

When landing on the search page the employee must select the search button to see the form list.

**SEARCH : View a Leave eForm**

Search by:

Form ID

Form Type

Form Status

Original Date

When the employee selects the Search button, the search page will display all Leave Requests and Leave Documents submitted regardless of their status (approved, denied, pending). Employees can select the Leave Request they want to view from the list and the form will open.



## SEARCH : View a Leave eForm

Search by:

Form ID

Form Type

Form Status

Original Date

Personalize | Find | View All |  |  | First 1-12 of 12 Last

Form ID	Form Type	Form Status	Original Date	Last Date	Empl ID	Original Operator
2134836	DOCUMENT	Denied	2022-11-10	2022-11-10	730069795	eguestin
2172918	LEAVE	Saved	2023-05-08	2023-05-26	730069795	eguestin

If you have questions or need assistance, please call the Benefits, Leave Administration, & Total Wellbeing department in the Office of Human Resources at 919-962-3071 or email [leave@unc.edu](mailto:leave@unc.edu).