

The use of COVID-19 Paid Administrative Leave (CPAL) for the purposes listed below is cumulative from March 16, 2020, until further notice. If an employee used FFCRA emergency paid sick leave in 2020 for any reason, then those hours must be deducted from any remaining CPAL hours available.

To request CPAL, please complete the appropriate sections of the form below.

I. EMPLOYEE DATA			
Employee Name:		UID:	
Email Address:		Phone Number:	
Supervisor Name:		Supervisor Email:	
II. COVERED REASON FOR LEAVE: UNABLE TO WORK BECAUSE:			
<input type="checkbox"/>	1. I am subject to a quarantine order, or have been advised to self-quarantine by a health care provider or public health official;		
<input type="checkbox"/>	2. I experienced a reaction to a COVID-19 vaccination, either on the day of the vaccination and/or the following day.		
III. COVID 19 PAID ADMINISTRATIVE SICK LEAVE (CPAL) Request dates. CPAL MUST BE TAKEN AS CONTINUOUS/BLOCK LEAVE.			
Start Date:		End Date:	
IV. QUARANTINE ORDER OR SELF QUARANTINE <i>To be considered eligible for CPAL for the qualifying reason of a quarantine order or self quarantine advice from a health care provider.</i>			
Contact information for the governmental entity ordering quarantine OR the health care provider advising self-quarantine:			
Name:		Phone:	
Address:			
Name of Clinic/Hospital/Telemed Service:			
V. EMPLOYEE ATTESTATION AND SIGNATURE			
I understand that providing false or misleading information regarding the need for any COVID-19 qualifying event will be ground for corrective action, up to and including termination of employment.			
I attest that I have not previously received these benefits through UNCG or another employer.			
Employee's Signature:		Date:	
VI. SUPERVISOR ATTESTATION AND SIGNATURE			
Supervisor's Signature:		Date:	

Additional Comments:

Email this form to benefits@uncg.edu. For questions, please call Benefits at 336-256-0342 (fax:336-334-5585)