



**LEAVE REQUEST
PUBLIC HEALTH EMERGENCY LEAVE (PHEL)**

EMPLOYEE NAME:	CONTACT TELEPHONE NUMBER:
EMPLOYEE ADDRESS: (Street Address, City and Zip Code)	
DEPARTMENT:	SUPERVISOR/DEPT CHAIR:
I AM REQUESTING LEAVE UNDER THE PHEL FOR:	
<u>PUBLIC HEALTH EMERGENCY LEAVE (PHEL)</u>	
<u>SELF</u>	
<p>I am needing to self-isolate due to a diagnosis or symptoms related to COVID-19.</p> <p>I am seeking or obtaining a medical diagnosis, care or treatment, preventative care, or care related to COVID-19.</p> <p>I am unable to work due to exposure of COVID-19.</p> <p>I am unable to work due to a health condition that may increase the susceptibility or risk of COVID-19.</p>	
<p>NOTE: Full-time employees (pro-rated for part-time) who are unable to work or telework are eligible for up to eighty (80) hours of paid sick leave at their regular rate of pay.</p>	
<u>FAMILY MEMBER</u>	
<p>I am caring for a child or other family member for reasons one or two above.</p> <p>I am caring for a son or daughter whose school or place of care is closed, or providing remote instruction, or childcare provider is unavailable, due to public health emergency.</p>	
<p>NOTE: When caring for an immediate family member, full-time (prorated for part-time) employees who are unable to work or telework are eligible for up to eighty (80) hours of PHEL at their regular rate of pay.</p>	



<u>PUBLIC HEALTH EMERGENCY LEAVE (PHEL)</u>	
Care for a minor child if the child's school or place of childcare has been closed or is unavailable due to a public health emergency.	
NAME OF DEPENDENT CHILD(REN):	RELATIONSHIP TO CHILD(REN):
NAME OF SCHOOL OR PLACE OF CHILDCARE:	

PERIOD OF LEAVE:	TO BE TAKEN:
FROM Date:	<input type="checkbox"/> Continuously (unable to work remotely)
TO Date:	<input type="checkbox"/> Intermittently
EMPLOYEE SIGNATURE (electronic signature accepted):	DATE:
IMMEDIATE SUPERVISOR SIGNATURE (electronic signature accepted):	HR or FML COORDINATOR SIGNATURE (electronic signature accepted):

NOTE: In response to the Public Health Emergency Leave (PHEL) guidance effective January 1, 2021, the UNC-PHEL Request Form is to be used by eligible employees affected by the COVID-19 pandemic to request paid or unpaid leave.