

# Paid Administrative Leave Form - COVID

Department of Human Resources



Paid administrative leave was created for certain COVID-19-related reasons to assist employees in this time of need. This leave is available to all non-represented employees and represented employees in bargaining [units that have signed Memorandums of Agreement \(MOA\)](#) with the County to provide full-time employees up to 80 hours of PAL. It is prorated based upon an employee's scheduled or average hours and is not available to short-term temporary employees or interns. Eligible employees may be awarded PAL for one of the reasons listed in the below table. Please complete the below information and give this form to your supervisor. This leave has been extended until the end of June 2021 (6/25/2021 for bi-weekly and 6/30/2021 for semi-monthly payrolls) and employees may not receive more than 80 total hours of PAL-COVID during the entire period of this temporary COVID-related benefit (4/28/2020-6/30/2021).

Employee Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employee ID# \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Work location \_\_\_\_\_

COVID-19 Related Reasons for Leave (check all that apply):	
<b>Paid Administrative Leave (COVID)</b>	<input type="checkbox"/> A. Employee is sick with COVID-19 or taking care of eligible family members with COVID-19.
	<input type="checkbox"/> B. Employee is sick with COVID-19 symptoms and must stay home.
	<input type="checkbox"/> C. Employee is NOT high risk but is directed by a Health Officer or qualified medical professional to quarantine because of potential exposure to COVID-19 and cannot telecommute.
	<input type="checkbox"/> D. Employee is home because child's school or childcare facility is closed and is unable to work or telecommute. I am requesting to use this leave intermittently (less than full day increments): <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> E. Employee is in a CDC high risk category and cannot telecommute and does not want to come into the workplace. <b>CDC Definition of High Risk:</b> <ul style="list-style-type: none"> <li>• People 65 and older;</li> <li>• People of all ages with underlying medical conditions, particularly if not well controlled, including:                             <ul style="list-style-type: none"> <li>○ People with chronic lung disease or moderate to severe asthma</li> <li>○ People who have serious heart conditions</li> <li>○ People who are immunocompromised (Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.)</li> <li>○ People with severe obesity (body mass index [BMI] of 40 or higher)</li> <li>○ People with diabetes</li> <li>○ People with chronic kidney disease undergoing dialysis</li> <li>○ People with liver disease</li> </ul> </li> </ul>
	<input type="checkbox"/> F. To obtain a COVID-19 vaccination or to recover if the employee is sick as a result of the vaccination and unable to work. The ability to use PAL to obtain a vaccination took effective on March 10, 2021, and cannot be applied to leave for a vaccination taken prior to March 10, 2021.

Supervisor Approval	
Paid Administrative Leave is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason D: Intermittent use <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Employee is approved for _____ hours of Paid Administrative Leave for COVID-19-related reasons as described above	

I am authorized to approve/deny paid administrative leave for my employees and will provide a copy of this completed form to the employee.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee copy  Department payroll copy

### Important Information

In order to maintain essential services, supervisor approval must be received in order to take PAL. Supervisors will make decisions based on the eligibility criteria listed above, operational need and business continuity, in addition to employee designations as First Responder or

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Mission Critical. Paid administrative leave that is used for "D" above will run concurrently with FMLA/KCFML to the fullest extent possible and will reduce overall entitlements. To request leave under FMLA (and KCFML), please complete a Leave Request Form.

## **Supervisor Approval Process for PAL:**

Upon receipt of an employee's request for PAL, the supervisor will assess staffing levels based upon available staff and operational need, as follows:

- For eligibility **criteria A and B**, the supervisor shall grant the leave.
- For eligibility **criteria C**, the supervisor will approve the request, if it does not pose operational hardship. Where approving the employee's request for eligibility criterion 3 would pose operational hardship, HR will confer with the Health Officer or medical professional who directed the quarantine.
- For eligibility **criteria D or E**, the leave will be granted if it does not pose operational hardship based on the demands of operations and the available staffing (taking into account employees currently on leave and employees previously authorized to take leave). If approving the leave would cause operational hardship, the manager will attempt to accommodate the leave as soon as possible relative to when the request was made. The request will be given priority over requests for vacation leave.
- For **criteria F**, the employee should follow their department's sick leave notification procedures. The supervisor may seek verification to confirm that the use was appropriate if the employee is out for more than three days.