

# Requesting Emergency Paid Sick / Family & Medical Leaves

## Dockworker Self-Service Portal

- Log in to self-service using email and password

**Select**

- Leave Request
- COVID-19 Leave Request

**Enroll at any time**

**Forgot password?**

- Select Appropriate Leave Reason

- Select "Paid Sick Leave" or "Family and Medical Leave" or both

- Provide Leave Start Date and Duration

- Provide Additional Information

- Provide Certification by clicking the checkbox

**Click Submit to create**

Complete the following request if you are applying for paid sick leave or paid family and medical leave. All fields marked with an asterisk are required. You may only ask for leave if you are unable to work for one of the listed reasons.

Leave Reason	
<input checked="" type="radio"/>	1. You tested positive for COVID-19 and are providing supporting documentation.
<input type="radio"/>	2. You are/were quarantined due to COVID-19 and are providing supporting documentation.
<input type="radio"/>	3. You are/were caring for a family member with COVID-19 and are providing supporting documentation.
<input type="radio"/>	4. You are/were experiencing symptoms of COVID-19 and are seeking a healthcare provider's certificate.
<input type="radio"/>	5. You are/were caring for someone quarantined due to diagnosis of COVID-19.
<input type="radio"/>	6. You are/were caring for a child whose school or place of care is closed for COVID-19.

Apply For Emergency Paid Sick Leave	Apply For Expanded Family and Medical Leave
Leave Start Date (mm/dd/yyyy)* mm/dd/yyyy	Leave Start Date (mm/dd/yyyy)* mm/dd/yyyy
# of Days Requested (Max Eligibility is 10)* 10 Days	# of Weeks Requested (Max Eligibility is 12)* 12 Weeks

**Additional Info**

Name of the healthcare provider that diagnosed you with COVID-19 \*

Have you applied for, or are you receiving, weekly indemnity benefits under the ILWU-PMA Welfare Plan or any other pay benefit for the same time period for which you are now seeking paid leave?: \*  Yes  No

Upload\*   jpg,doc,docx,pdf

**Note: Documentation requested will not be used to deny benefits under FFCRA if FFCRA would not permit use of such documents.**

**Certification.** I certify that I am submitting this request because I am unable to work for the reasons stated above and for the time period requested. I understand that providing complete, sufficient and timely information is required to obtain or retain the benefit of any paid leave, and that my submission of this request does not guarantee that I am eligible for or may receive any paid leave. I agree that the information provided in connection with my request for paid leave is truthful and accurate to the best of my knowledge. \*

Access Dockworker Self-Service Portal from any of these devices:

- Computer
- Tablet
- Ipad
- Smartphone



Go to <https://selfservice.pmanet.org> or scan QR Code

Open QR Scanner App Some newer version devices have inbuilt QR scanner in the camera app.

Scan QR Code Hold your device (smartphone, tablet, or Ipad) over the QR code so that it's clearly visible in the viewfinder.

Questions about Leave Request? Call 1-888-762-1234



Access Information Tap notification to open the link associated with the QR code.

View Login Page Welcome to Dockworker Self-Service Portal