

Requesting Emergency Paid Sick Leave / Family & Medical Leave Workplace Exclusion Pay / COVID-19 Testing Pay / COVID-19 Vaccination Pay

Dockworker Self-Service Portal

Login

Welcome to Dockworker Self-Service Portal.

Email *

Password *

Dockworker Enrollment [Click here to get started!](#)

LA/LB Applicant Enrollment [Click here to get started!](#)

Having trouble? Check out our [Frequently Asked Questions](#).

Enroll at any time!
Click on Dockworker Enrollment
[Click here to get started!](#)

Forgot password?
Click on [Frequently Asked Questions](#)

Go to selfservice.pmanet.org or scan the QR Code to access Dockworker Self-Service Portal from any of these devices:

- Computer / Laptop
- Tablet
- iPad
- Smartphone



Log in to self-service using email and password

PMA Pacific Maritime Association

Payroll ▾ Reports/Docs ▾ **Leave Request ▾** Setup ▾ Sign-up O

COVID-19 Leave/Pay Request

username@email.com | Logout

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Got Questions?
Call 1-888-762-1234

Click [Help](#) for user guide

When you are logged in, go to
➤ [Leave Request](#)
➤ [COVID-19 Leave/Pay Request](#)

Complete the following request if you are applying for paid sick leave, workplace exclusion pay, COVID-19 testing pay, or vaccine pay. Leave is only available if you are unable to work for one of the reasons listed below in #1 through #7, #9 or #10. Select reason #8 to apply for testing pay. Fields noted with an asterisk are required.

- **Select Appropriate Leave / Pay Reason:**
 - Emergency Paid Sick Leave
 - Family and Medical Leave
 - Workplace Exclusion Pay
 - COVID-19 Testing Pay
 - Vaccine Pay

Select Reason

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 - this means being quarantined or advised by a healthcare provider to self-quarantine due to concerns that you have COVID-19, may have COVID-19, or are particularly vulnerable to COVID-19, and are providing supporting documentation.
<input type="radio"/> 3. You are/were caring for a family member with COVID-19 - this means caring for a family member with COVID-19, or who is particularly vulnerable to 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 - this means caring for someone quarantined due to a diagnosis of COVID-19, or someone who was advised by a healthcare provider to self-quarantine due to concerns that they have COVID-19, may have COVID-19, or are particularly vulnerable to COVID-19.
<input type="radio"/> 6. You are/were caring for a child whose school or place of care is closed for COVID-19.
<input type="radio"/> 7. You received the "Notice to ILWU Worker 1 for COVID-19 Exposure" letter from the JPLRC.
<input type="radio"/> 8. You received either the "Notice to ILWU Worker 2 - Multiple COVID-19 Exposures" letter or the "Notice to ILWU Worker 3 - Major Outbreak" letter from the JPLRC.
<input type="radio"/> 9. You have been fully vaccinated and are providing your COVID-19 Vaccination Record Card.
<input type="radio"/> 10. You are/were suffering from symptoms due to receipt of the COVID-19 vaccine and are providing supporting documentation.

- **Provide date and number of days/hours (if applicable)**
- **Provide additional information**
- **Upload documentation (if applicable)**
- **Provide Certification by clicking the checkbox**

Apply For Emergency Paid Sick Leave

Leave/Pay Start Date (mm/dd/yyyy)*

of Days Requested (Max Eligibility is 10) *

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 sick pay benefit for the same time period for which you are now seeking paid leave? * Yes No

Phone number *

Upload*

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, or I am unable to work while attending a COVID-19 vaccination appointment or seeking COVID-19 testing pay. I understand that I am not entitled to obtain or retain the benefit of any paid leave, and that my submission of this request does not constitute an admission of any fault. I agree that the information provided in connection with my request is true and correct to the best of my knowledge.*

What is the status of my leave request?
Go to ➤ [Leave Request](#)
➤ [My Request History](#)

Payroll ▾ Reports/Docs ▾ **Leave Request ▾** Setup ▾ Sign-up Opportunities ▾

Leave Request ▾ My Request History

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