

Pay Information and Designation Form

DURING A CONTINUOUS, APPROVED LEAVE OF ABSENCE

Employee Name: _____ Personnel Number: _____

- This form is not needed for intermittent leaves of absence.
- Vacation and Floating Holidays are not applicable to *Hiring Hall employees* and are subject to normal department rules for approval.
- Foreseeable leaves: Return to your supervisor one-week before your continuous leave of absence begins. If not foreseeable, return as soon as possible.
- Designation changes will only be made for urgent and substantial circumstances.
- You may not use paid time (i.e., sick, vacation, etc.) on an intermittent or reduced schedule basis while you are on a continuous unpaid leave, including requesting pay in the middle of your leave.
- List your work address on any EDD Disability Insurance forms as 1850 Gateway Blvd., 7th Floor, Concord, CA 94520.

Action Required!
Complete all sections of form and return to your supervisor prior to your leave start date.
Return to PG&E.

Timely requests for paid or unpaid absences and time entries will reduce the potential for overpayments. Employees who are overpaid are responsible for reconciliation through the payroll department.

Employee Signature: _____ Date: ___/___/___

Leave for Medical Reasons Estimated First day of Absence: ___/___/___

*When on a leave for your own medical condition, other than pregnancy, you are **required** to utilize all of your sick pay effective your first day off from work. Once your sick pay exhausts and you are still on a leave of absence, you have the option of utilizing your vacation and/or floating holiday pay (non-hiring hall employees) if requested in advance and approved through your supervisor.*

Do you elect to use any available paid time off during your leave? Yes No If Yes:

➤ **For Sick Pay**

Use all available while on leave

OR Number of Days: ___ **or** Hours: ___ (confirm available amount with Time Keeper)

➤ **For Vacation Pay (includes Vacation Buy Days)—needs supervisor approval**

Use all available while on leave

OR Number of Days: ___ **or** Hours: ___ (confirm available amount with Time Keeper)

➤ **For Floating Holidays—needs supervisor approval**

Use all available while on leave

OR Number of Days: ___ **or** Hours: ___ (confirm available amount with Time Keeper)

Leave for Non-Medical Reasons Estimated First day of Absence: ___/___/___

You have the option of utilizing your vacation and/or floating holiday pay if requested in advance and approved through your supervisor. See the Appendix or visit the Leaves of Absence section under Time Off and Accommodations on www.mypgebenefits.com for more information on using pay during your leave.

Do you elect to use paid time off during your leave? Yes No If Yes:

➤ **For Vacation Pay—needs supervisor approval**

Use all available while on leave

OR Number of Days: ___ **or** Hours: ___ (confirm available amount with Time Keeper)

➤ **For Floating Holidays—needs supervisor approval**

Use all available while on leave

OR Number of Days: ___ **or** Hours: ___ (confirm available amount with Time Keeper)

ACTION REQUIRED BY SUPERVISOR:

1. I approve/ deny the pay request. (check one)
2. First Unpaid date of absence is: ___/___/___
3. Provide a copy of the form to your timekeeper to ensure appropriate time entries are made.
4. Provide completed form to the PG&E Leave Team: Fax 925-459-6124 or Email STDWageContinuation@pge.com

Supervisor Signature: _____ Date: ___/___/___