

# Pay Information and Designation Form - Medical Leave Opted out of the Voluntary Plan

## DURING A CONTINUOUS, APPROVED LEAVE OF ABSENCE

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

Employee Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

- This form is **not** needed for intermittent leaves of absence or Personal or Educational Leaves or **if you opted into the Voluntary Plan.**
- 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.
- The use of paid time runs concurrently with and does not extend your approved time under FMLA/CFRA/CAPDL.
- List your work address on any EDD Disability Insurance forms as 1850 Gateway Blvd., 7<sup>th</sup> Floor, Concord, CA 94520.

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Leave** (Including Pregnancy) Estimated First day of Absence: \_\_\_\_/\_\_\_\_/\_\_\_\_

When on a leave for your own medical condition, you are **required** to utilize all of your sick pay (capped sick or regular sick) effective your first day off from work. Once 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 if requested in advance and approved through your supervisor.

➤ **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 by fax to the PG&E Leave Team at 925-459-6124 or email to [STDWageContinuation@pge.com](mailto:STDWageContinuation@pge.com).

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_