

Certification Form for the California Military Spousal Leave

Action Required!

Complete all sections of form and return to Sedgwick and your supervisor prior to your leave start date.

Employee Section

Employee Name: _____	Claim Number: _____	Employee ID: _____
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1. Please complete **all** questions on this form.
2. Fax this **completed** form to 1-866-856-4862, mail it to Sedgwick PO Box 14495 Lexington, KY 40512 or upload to "mySedgwick" (claimlookup.com/pge).
3. Release: By signing below, I certify all information is accurate.

Employee's Signature: _____ **Date:** _____

I am the spouse or registered domestic partner of a *qualified military member*(definition below). Yes No

I have included the required *supporting documentation* with this certification form (definition below). Yes No

Leave Start Date: ____/____/____ (Your 1st day of absence, whether paid or unpaid)	Expected or Actual Return to Work Date: ____/____/____ (No more than 10 days from the leave start date)
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Qualified Military Member: member of the Armed Forces of the United States deployed during a period of military conflict in a designated combat theater or combat zone or a member of the National Guard or Reserves deployed during a period of military conflict.

Qualified leave period: the period during which the qualified member is on leave from deployment during a period of War declared by the United States Congress or a period of deployment for which a member of a reserve component is ordered to active duty pursuant to sections 12301 and 12302 of Title 10 or Title 32 of the United States Code.

Supporting documentation: written documentation (leave orders) certifying that the qualified military member will be on leave from deployment during the time the leave is requested.

Pay Information and Designation:

You can utilize vacation and/or floating holiday pay if requested and approved by your supervisor.

- This form is not needed for intermittent leaves of absence or Personal or Educational Leaves.
- 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.

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

Do you elect to use any available pay 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 by fax to the PG&E Leave Team at 925-459-6124 or email to STDWageContinuation@pge.com.

Supervisor Signature: _____ **Date:** ____/____/____