

Pay Information and Designation Form – Family Care

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, Personal Leaves or if you are an intern, Hiring Hall, temporary or non-regular status employee.
- Vacation and floating holidays 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 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 Family and Medical Leave (FMLA) and California Family Rights Act (CFRA).
- List your work address on any EDD Disability Insurance forms as 1850 Gateway Blvd., 7th Floor, Concord, CA 94520 (only applicable if you've opted out of PG&E's Voluntary Disability and Paid Family Leave Benefit Plan [Voluntary Plan]).

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: ____ / ____ / ____

Care of a Family Member Leave Estimated First day of Absence: ____ / ____ / ____

If you are covered under the Voluntary Plan and will receive Voluntary Paid Family Leave (VPFL) or PFL wage continuation benefits:

- If you remain out on a FMLA/CFRA leave of absence after your VPFL/PFL wage continuation benefits have exhausted, you may request to use family sick leave or vacation/floating holidays at the end of your approved leave or you can be unpaid for remainder of your FMLA/CFRA family care leave. If you are using this paid time after FMLA/CFRA exhausts, you will no longer be on a leave.
- You are not eligible to receive VPFL/PFL wage continuation and family sick, vacation or floating holidays at the same time.
- You must return immediately following the use of paid time.

—OR—

If you have **opted out** of the Voluntary Plan:

- *If your leave is protected under CFRA and/or you are eligible to receive California State Paid Family Leave (CA PFL) benefits:* the use of Family Sick pay is optional (note: you cannot receive both types of pay at the same time).
- *If your leave is **not** protected under CFRA and/or you are not eligible to receive CA PFL:* Family sick pay is **required** to be used effective your first day off from work. You may also request to use vacation and/or floating holidays after you exhaust your Family Sick Leave if requested in advance and approved through your supervisor.
- If you elect to utilize any type of company paid time, it must be used at the beginning of your leave. Sick pay other than family sick cannot be used during a family care leave.

Do you elect to use paid time off during your leave? Yes No If Yes, select below how much you'd like to use:

➤ **For Family Sick Leave** (note requirements above)

Use all available while on leave

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

➤ **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

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: ____ / ____ / ____