

VOLUNTARY VACCINATION PROGRAM

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**

Log in to self-service using email and password

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



PM Pacific Maritime Association

username@email.com | Logout

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

COVID-19 Leave/Pay Request

[? Help](#)

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, paid family and medical 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 or #9. Select reason #8 to apply for testing pay. Fields noted with an asterisk are required.

Leave Reason

1. You tested positive for COVID-19 and are providing supporting documentation.

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.

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.

4. You are/were experiencing symptoms of COVID-19 and are seeking a healthcare provider's certificate.

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.

6. You are/were caring for a child whose school or place of care is closed for COVID-19.

7. You received a "COVID-19 Exposure" letter from the JPLRC.

8. You received a "Notice to ILWU Worker 2 - Multiple COVID-19 Exposures" letter or the "Notice to ILWU Worker 3 - Major Outbreak" letter from the JPLRC.

9. You have been fully vaccinated and are providing your COVID-19 Vaccination Record Card.

Select Pay Reason #9

Enter / Select date of the final dose

Apply for Vaccine Pay

Date final shot received* Leave Start Date (mm/dd/yyyy)*

of Days Requested (Max Eligibility is 1) **1 Day** # of Weeks Requested (Max Eligibility is 13)

Click to **upload COVID-19 Vaccination Record Card**

Additional Info

This Voluntary Vaccination Program ends on October 15, 2021. You must receive your full vaccine on or before October 15th to receive vaccine pay.

Upload COVID-19 Vaccination Record Card heic,heif,jpeg,jpg,doc,docx,pdf

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 providing this information is sufficient and timely information is required to obtain or retain the benefit of any paid leave, and that my submission of this request does not constitute an admission of liability or may receive any paid leave. I agree that the information provided in connection with my request is true and correct to the best of my knowledge.

Click to check mark Certification

Click to Submit request

- **Select Pay Reason #9**
- **Provide the date of when the final dose was received**
- **Upload COVID-19 Vaccination Record Card**

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Lot Name First Name MI Last Name

Date of Birth Patient's record (medical record or ILWU card number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm/dd/yy	
2 nd Dose COVID-19		mm/dd/yy	
Other		mm/dd/yy	
		mm/dd/yy	

Or upload an image of your Digital Vaccine Record (DVR)

- **Check mark Certification**
- **Submit request**

What is the status of my leave request?
Go to ➤ **Leave Request**
➤ **My Request History**

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

[? Help](#)

➤ Leave Request ➤ My Request History

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Click to view documentation