

**MINUTES OF THE SPECIAL MEETING OF THE
COAST LABOR RELATIONS COMMITTEE**

Meeting No. 76-21

Date: October 14, 2021

Place: Via Teleconference

Present: For the Union
W. Adams
R. Olvera, Jr.
C. Williams
F. Ponce De Leon

For the Employers
J. McKenna
S. Hennessey
W. Bartelson
M. McKenna

Also Present: K. Donovan

Voluntary Vaccination Program

The Committee met to review the Voluntary Vaccination Program as outlined in CLRC Mtg. No. 55-21.

The Committee agreed that the Voluntary Vaccination Program as outlined in CLRC Mtg. No. 55-21 will remain in place until November 19, 2021. The Committee further agreed to send a letter to workers coastwide regarding this benefit, including how to apply for it through the portal.

The Committee agreed to revisit the issue and determine the next appropriate steps by November 19, 2021.

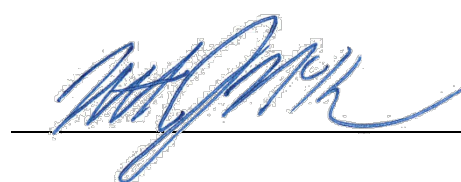
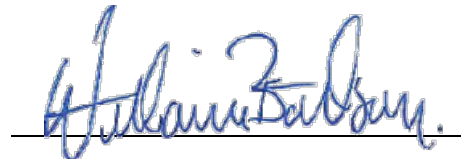
Item closed.

Date Signed: 10/14/21 _____

Date Signed: 10/14/21 _____

For the Union:

For the Employers:



ILWU-PMA JOINT COAST LABOR RELATIONS COMMITTEE

International Longshore and
Warehouse Union
1188 Franklin Street, 4th Floor
San Francisco, California 94109

Pacific Maritime Association
555 Market Street
Third Floor
San Francisco, California 94105

October 14, 2021

JCLRC NOTIFICATION TO PCL&CA LONGSHORE AND CLERK WORKERS REGARDING (COVID-19) VACCINATION PROGRAM

The Coast Labor Relations Committee (CLRC) has agreed to extend the Voluntary Vaccination Program through November 19, 2021, for all longshore workers, marine clerks, and casuals who have been fully vaccinated. This program provides a benefit of \$369.84 (equivalent to 8 hours at Basic rate of pay) upon submission of verification of full vaccination. This verification can be submitted by going to the website below and following the steps outlined in the attached notice:

<https://selfservice.pmanet.org>

Sincerely,

ILWU-PMA
JOINT COAST LABOR RELATIONS COMMITTEE

Attachment:
Self-Service Web Portal Notice

cc: All Longshore and Clerk JPLRCs

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**

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



Log in to self-service using email and password

PMA 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**

Home ▸ 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	
<input type="radio"/>	1. You tested positive for COVID-19 and are providing supporting documentation.
<input type="radio"/>	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.
<input type="radio"/>	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.
<input type="radio"/>	4. You are/were experiencing symptoms of COVID-19 and are seeking a healthcare provider's certificate.
<input type="radio"/>	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.
<input type="radio"/>	6. You are/were caring for a child whose school or place of care is closed for COVID-19.
<input type="radio"/>	7. You received a "Notice to ILWU Worker 2 - Multiple COVID-19 Exposures" letter from the JPLRC.
<input type="radio"/>	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.
<input checked="" type="radio"/>	9. You have been fully vaccinated and are providing your COVID-19 Vaccination Record Card.

Select Pay Reason #9

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)

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 sufficient and timely certification is required to obtain or retain the benefit of any paid leave, and that my submission of this request may or may not result in me receiving any paid leave. I agree that the information provided in connection with my request is true to the best of my knowledge.

Click to check mark Certification

Click to upload COVID-19 Vaccination Record Card

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 vaccine(s) you have received.

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

Last Name: _____ First Name: _____ MI: _____

Date of birth: _____ Patient history (medical record or ID record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Lot Number: _____	mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		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](#)

Home ▸ Leave Request ▸ **My Request History**

Request Type	Status	Start Date	End Date	Additional Information
COVID-19 Paid Sick Leave	<input checked="" type="checkbox"/>	06/20/2020	10/15/2021	Facility Closure Until