

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

When you are logged in, go to
➤ Leave Request
➤ **COVID-19 Leave/Pay Request**

[? Help](#)

Got Questions?
Call 1-888-762-1234

Click **Help** for user guide

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. Select Pay Reason #9 19 Exposure" 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.

Apply for Vaccine Pay

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

of Days Requested (Max Eligibility is 1) # of Weeks Requested (Max Eligibility is 12)

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 required to obtain or retain the benefit of any paid leave, and that my submission of this request for or may receive any paid leave is based on the information provided in connection with my request to the best of my knowledge.

- **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

For reporting this record card, select the date of the final dose received.

For Family, please include the date of registration, the date of the final dose received, and the date of the final dose received.

Last Name: _____ First Name: _____ MI: _____

Date of birth: _____

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

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

COVID-19 Leave/Pay Request

My Request History

Request Type	Status	Start Date	End Date	Additional Information
COVID-19 Paid Sick Leave	Approved	06/20/2020	10/15/2021	Click <input type="button" value="Download"/> to view documentation

Facility Closure Until