

Company Leave Request Form

Personal Leave for COVID-19 related reasons

Action Required!

Provide completed form to Sedgwick in advance of your requested leave start date.

Employee Section

1. You must complete **all** questions on this form and provide this **completed** form to Sedgwick
2. Release: By signing below, I certify all information is accurate.

PG&E Employee's Signature: _____

Date: ____ / ____ / ____

Supervisor Signature: _____

Date: ____ / ____ / ____

Employee Name (Print): _____

Employee ID: _____

Requested **Unpaid** Leave Start Date: ____ / ____ / ____

Expected Return to Work Date: ____ / ____ / ____

Indicate Reason for Personal Leave related to the COVID-19 pandemic

Please describe the reason for which you are requesting leave. Personal leaves are granted for those personal situations that are **urgent and/or substantial**. Personal leaves for COVID-19 reasons will be evaluated on a monthly basis to determine continued eligibility based on individual circumstances and changes. **You will need to complete and re-submit this form with every request you make. Approvals will not be granted in excess of 30 days for each request made.**

School or Day/Child Care Closure and Distance Learning

By completing/signing this form and requesting a personal leave, I am confirming that I do not have alternative means of care for my minor child due a school closure or day/child care or distance learning related to the COVID-19 pandemic, including availability of another guardian who could provide care. In addition, I am unable to work (at home or in the office/field with the current safety precautions in place) on a part-time or full-time basis because of providing care for my child due to school or cay/childcare closures or distance learning.

Name of Child:	Age of Child:	Relationship to child:	Name and location of School/ Day care:

I am 65 or older

A member of my household is 65 or older

By completing/signing this form and requesting a personal leave, I am confirming that I am unable to work (at home or in the office/field with the current safety precautions in place) on a part-time or full-time basis because I am or a member of my household is 65 or older and it is recommended by local or state officials to remain at home due to elevated risk of exposure to COVID-19.

Name of family member:	Age of family member:	Relationship to family member:	Family member lives in my household:
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I have an underlying medical condition

By completing/signing this form and requesting a personal leave, I am confirming that I am unable to work (at home or in the office/field with the current safety precautions in place) on a part-time or full-time basis because of my underlying medical condition and it is recommended by local or state officials that I remain at home due to the risk of exposure to COVID-19.

(Note: You may be eligible for a medical leave and/or disability benefits, if you are unable to perform your job duties because of your medical condition. Sedgwick will reach out to you for more information to help make this determination, if you have not already applied for these benefits. In addition, if you think an accommodation will help you perform your job duties, please reach out to the Stay-At-Work/Return-to-Work team at Accommodations-Req@pge.com.)

A member of my household has an underlying medical condition

By completing/signing this form and requesting a personal leave, I am confirming that I am unable to work (at home or in the office/field with the current safety precautions in place) on a part-time or full-time basis because a member of my household has an underlying medical condition and it is recommended by local or state officials that I remain at home due to the risk of exposure to COVID-19.

(Note: You may be eligible for a family care leave and/or paid family leave benefits if you are unable to perform your job duties because you are required to provide **care** for an eligible family member due to their medical condition. Sedgwick will reach out to you for more information to help make this determination if you have not already applied for these benefits.)

Name of family member:	Relationship to family member:	Family member lives in my household: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Local Ordinances:

Employees covered under a city or county Ordinance, who have not already taken 2 weeks of eligible pay, may be eligible for up to 2 weeks of paid time for qualifying reasons through the expiration date of each Ordinance. For questions on whether you may be eligible for pay under an Ordinance, send an email to PGLEaveteam@pge.com for guidance.

Unpaid Company Leaves:

Please review the personal leave of absence information on the [Types of Leave Document](#) for additional information on the length of leave available and details surrounding job protection during an approved company leave. You are not eligible for company leaves if your intention is not to return and continue working for the company at the conclusion of your leave. Additional information specific to the interim policy for personal leaves due to COVID-19 is noted below.

Unpaid COVID-19 Personal Leave:

Definition

Leave which is taken for urgent and/or substantial personal reasons related to COVID-19 and you are unable to perform work from home.

Examples of an Urgent and/or Substantial reason related to COVID-19:

- School or Day/Child Care closure for your own child(ren) under 15 and no other guardian in the home is available to provide supervision
- You or a member of your household is 65 or older and have been advised to remain at home by local or state officials due to the risk of exposure to COVID-19
- You or a member of your household has an underlying health condition and it is recommended by local or state officials you remain at home due to the risk of exposure to COVID-19

Please note: To review exceptions to this policy, contact the Leave Team at: PGLEaveTeam@pge.com.

Eligibility

- Absence must be greater than two weeks. Leave cannot be taken intermittently or on a reduced schedule
- COVID-19 personal leave form must be signed and completed by employee. Supervisor approval required. If not signed and submitted to Sedgwick, COVID-19 Personal Leave will not be approved. **Personal Leaves, including for the COVID-19 reasons noted above, are granted at the company's sole discretion and business need.**

Duration

- A COVID-19 Personal leave may be granted for up to 30 calendar days at a time.
- Maximum duration of leave cannot be greater than 12 months, in combination with other unpaid company leaves, during the period 7/1/2020-12/31/2021, with recertification required every 30 calendar days.

Job Protection

- *All employees:* Returns to former or equivalent classification and work location
- If a position is eliminated, employee has no greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed (working) during the leave period

Pay

- Company Personal Leaves of Absence are unpaid
- It is highly recommended that an employee use paid time (i.e. vacation, floating holiday, paid holiday) prior to going on unpaid Personal Leave. NOTE: if you are using paid time in advance of your personal leave, please provide the details to Sedgwick.

Other Information

- Employee on a personal leave of absence cannot work for another employer
- This leave will count towards the maximum length of leave (twelve consecutive months) in combination with all other leaves, excluding a military leave or educational leave.