

Intermittent Leave of Absence (LOA)

An overview of the LOA process



If you or a qualified family member have a serious health condition that requires you to be absent **occasionally** rather than for a continuous block period of time, you may be eligible for intermittent leave under the Family and Medical Leave Act (FMLA) and/or a state/local leave law.

Requesting Leave

Request Your Leave



You must request a leave of absence with the Centralized Leave Team (CLT), ideally 30 days prior to your anticipated leave start date. The quickest and easiest way to request a leave is by submitting a request via [myACI > My HR > Leave of Absence](#).

If you are unable to submit via [myACI](#), call the Associate Experience Center at **888-255-2269, option 6**.

You are also responsible for following the normal absence reporting policies for your location.

Review Paperwork



The CLT will send you a packet within 5 days of your leave request with any forms you must return. Review your paperwork carefully to make sure you understand the documentation requirements for leave as it relates to company policies and/or state/federal leaves. Some paperwork may require your family member's doctor's signature.

IMPORTANT: Notify your CLT Administrator if any information on your initial packet is incorrect.

Submit Documentation



Submit a completed [Certification of Healthcare Provider](#) form along with other requested documentation within 15 days from the date of your initial packet. The quickest and easiest way to submit your documentation is by uploading via [myACI > My HR > Leave of Absence](#).

If you are unable to submit via [myACI](#), you can email your form to leaveofabsence@albertsons.com or fax to **623-336-6305**. Once we have received your documentation, you can expect communication from us regarding the status of your leave.

Report Each Absence

If you are taking intermittent leave, you must follow the standard absence reporting policies for your location **and** report time to the CLT within 48 hours of each absence. Please submit your leave usage via [myACI > My HR > Leave of Absence](#).

If you are unable to submit via myACI, call the Associate Experience Center at **888-255-2269, option 6** to report each instance of your intermittent leave usage time.

During Leave

Get Paid

Intermittent leave is unpaid. However, there are a few ways you may be able to receive pay during your leave of absence.

Certain associates may elect to use available paid time off, vacation, flexible time off, sick pay and/or personal days/floating holidays (collectively "Paid Time"). If you choose to utilize Paid Time, the entry will need to be updated through your regular timekeeping system.

You may also be eligible for pay through State Paid Family Leave.

See the [State Disability and Family/Medical Leave Programs](#)



for associates who work in a state with a state paid family/medical leave benefit.

To apply for state-specific benefits (excluding NY), click on [CA, CO, CT, DC, MA, OR, RI or WA](#).

To apply for state-specific benefits for NY, file a claim through [The Hartford online claim portal](#) or call The Hartford at **855-532-7881**.

Health and Welfare Benefits



Health and welfare benefits will be maintained during any period of approved Family and Medical Leave Act (FMLA) or qualifying state leave, provided you continue to pay your share of health plan premiums on a timely basis. Benefits may also be maintained during certain periods of other approved LOAs. During any unpaid portion of your leave, you will not pay your share of the health plan premiums through paycheck deductions. Instead, you will be enrolled in direct billing through HealthEquity. [Click here for detailed information on what happens to your benefits while on leave.](#)

If you receive your health and welfare benefits from a union trust fund, please contact the trust fund or your union representative for information regarding benefits continuation.

Important!

Intermittent Leave Approvals

Intermittent leaves may be approved for a specific frequency (how often you require time off) and duration (how many hours and/or days off per episode). If your absences often exceed your approved frequency and/or duration, or if the Company receives information that calls into question the validity of the absence(s) or of the certification, the Company may request recertification of your approved frequency and/or duration, if permitted by federal/state law. Here is an example of an intermittent leave approval:

Start Date – End Date: 1/10/24–3/10/24

Duration: 4 hours

Frequency: 2 times per month