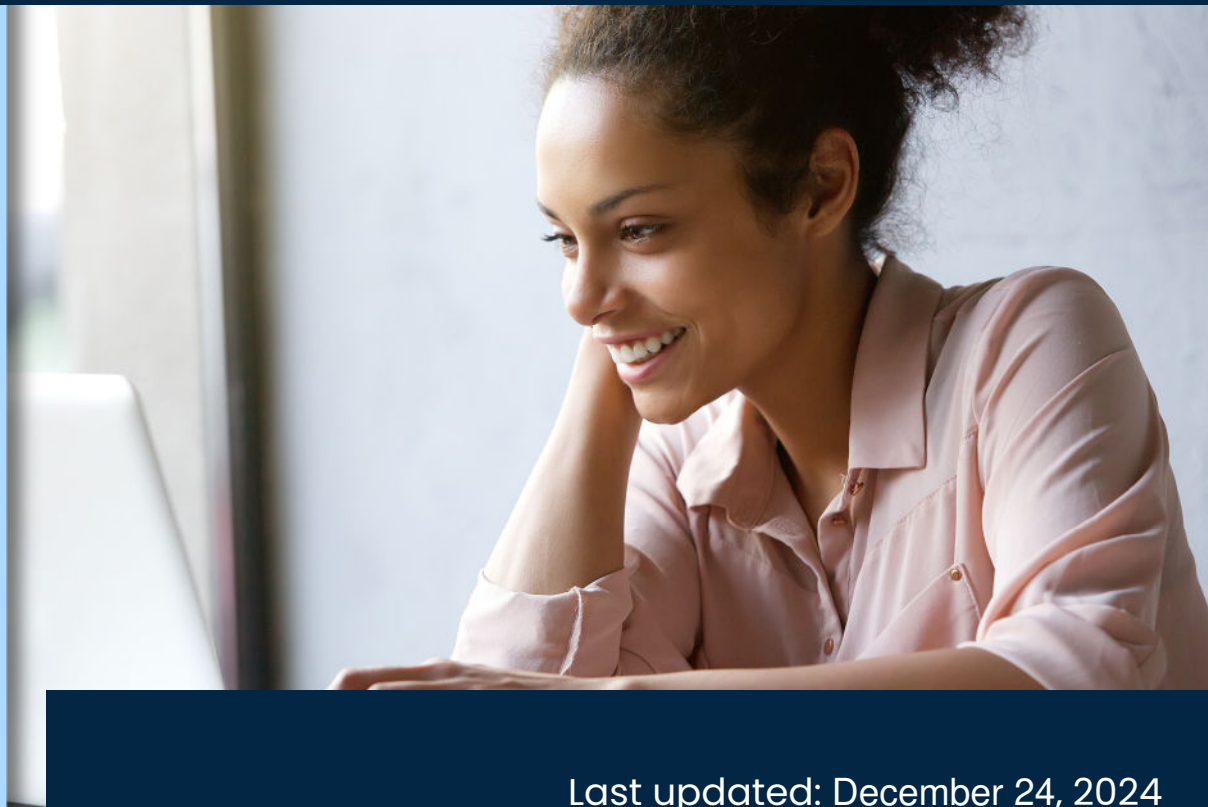


# QRG

## Quick Reference Guide (19 Steps)

### How to Apply for a Leave of Absence for Yourself or on Behalf of Someone Else

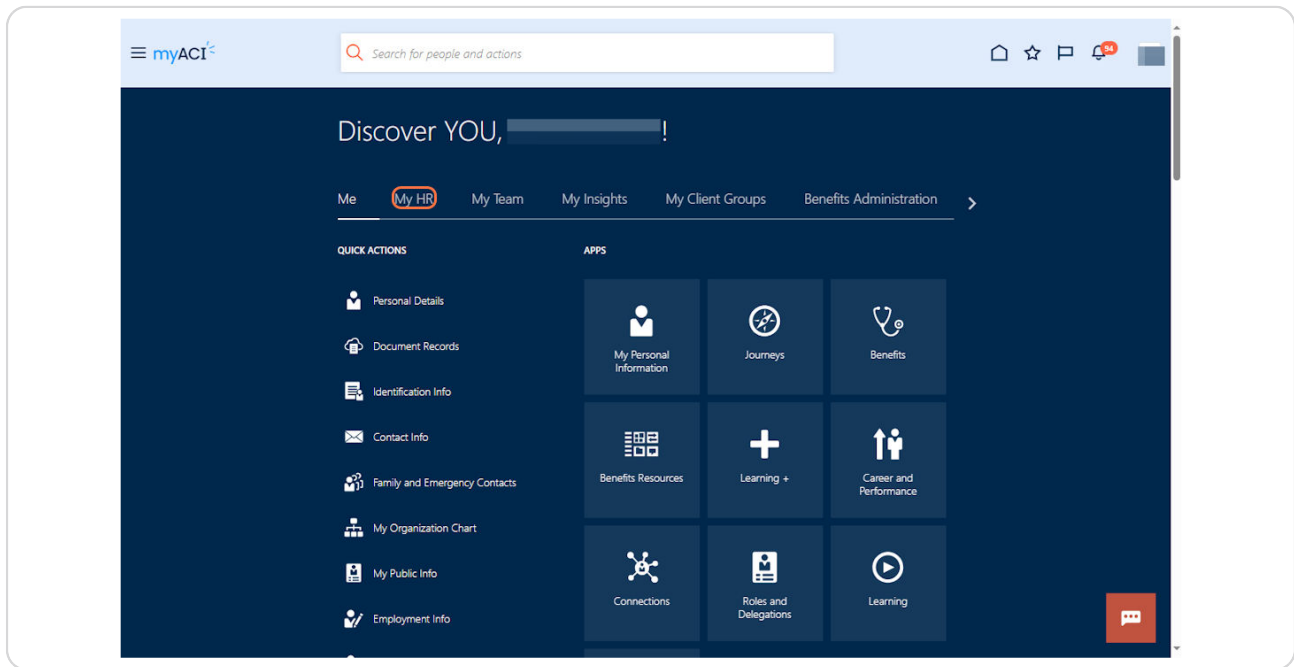
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: December 24, 2024

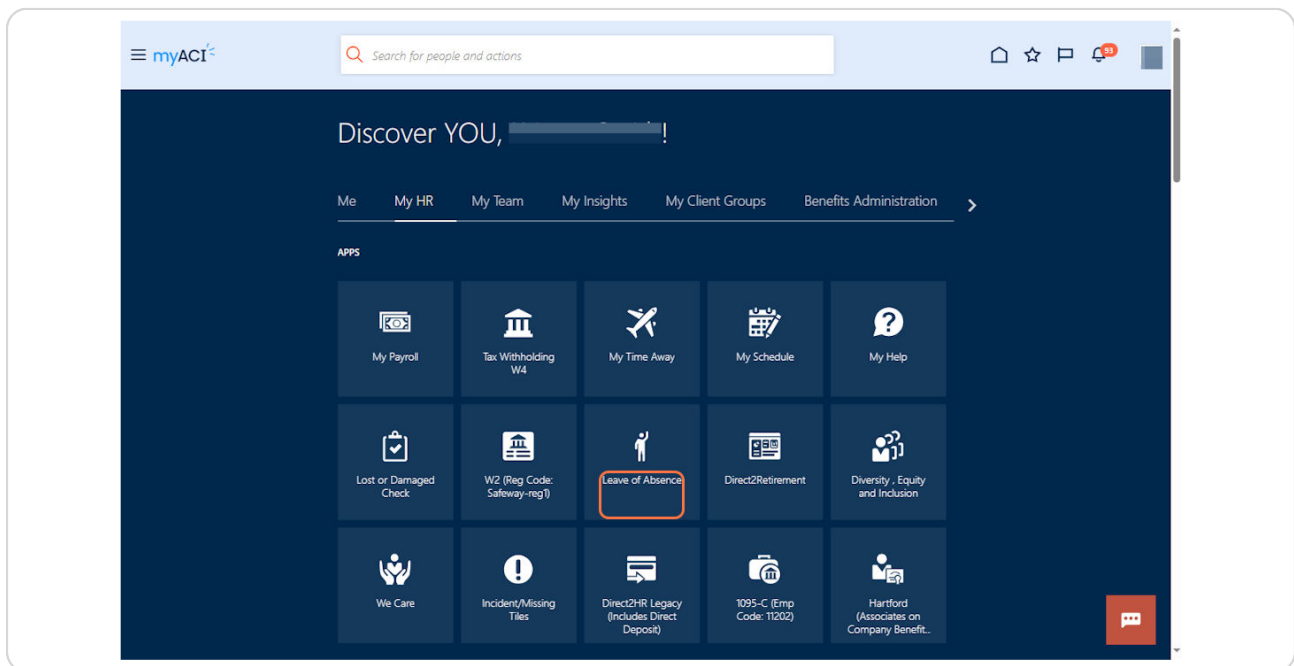
## STEP 1

**Sign in to myACI then click on My HR.**



## STEP 2

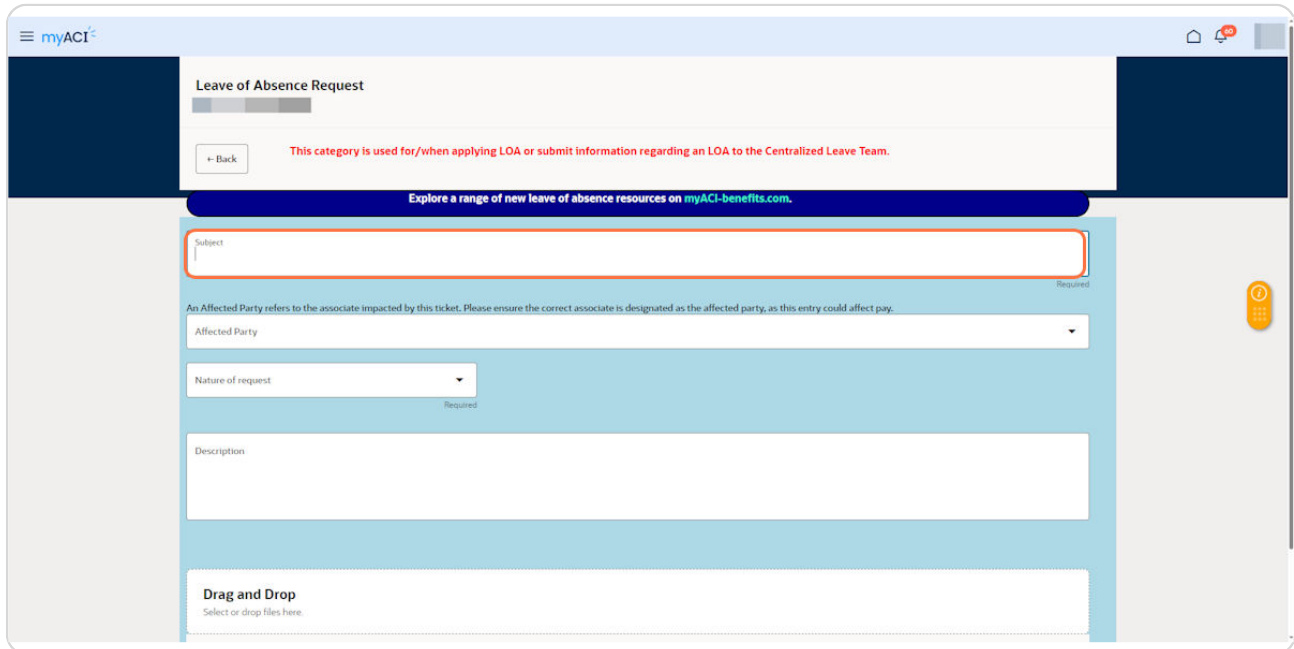
**Click on Leave of Absence.**



### STEP 3

## Enter the subject for the leave request.

Example subject: "New leave of absence"



The screenshot shows a web browser window with the myACI logo in the top left. The page title is "Leave of Absence Request". Below the title is a progress bar and a "- Back" button. A red message states: "This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team." A blue banner below the message reads: "Explore a range of new leave of absence resources on myACI-benefits.com." The form fields are: "Subject" (text input, highlighted with a red border and marked as "Required"), "Affected Party" (dropdown menu, with a note: "An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay."), "Nature of request" (dropdown menu, marked as "Required"), "Description" (text area), and "Drag and Drop" (file upload area, with the text "Select or drop files here."):

## STEP 4

### Click on Affected Party

An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.

Leave of Absence Request

[← Back](#) This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.

Explore a range of new leave of absence resources on [myACI-benefits.com](https://myACI-benefits.com).

Subject Required

An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.

Affected Party Required

Nature of request Required

Description

Drag and Drop

**STEP 5**

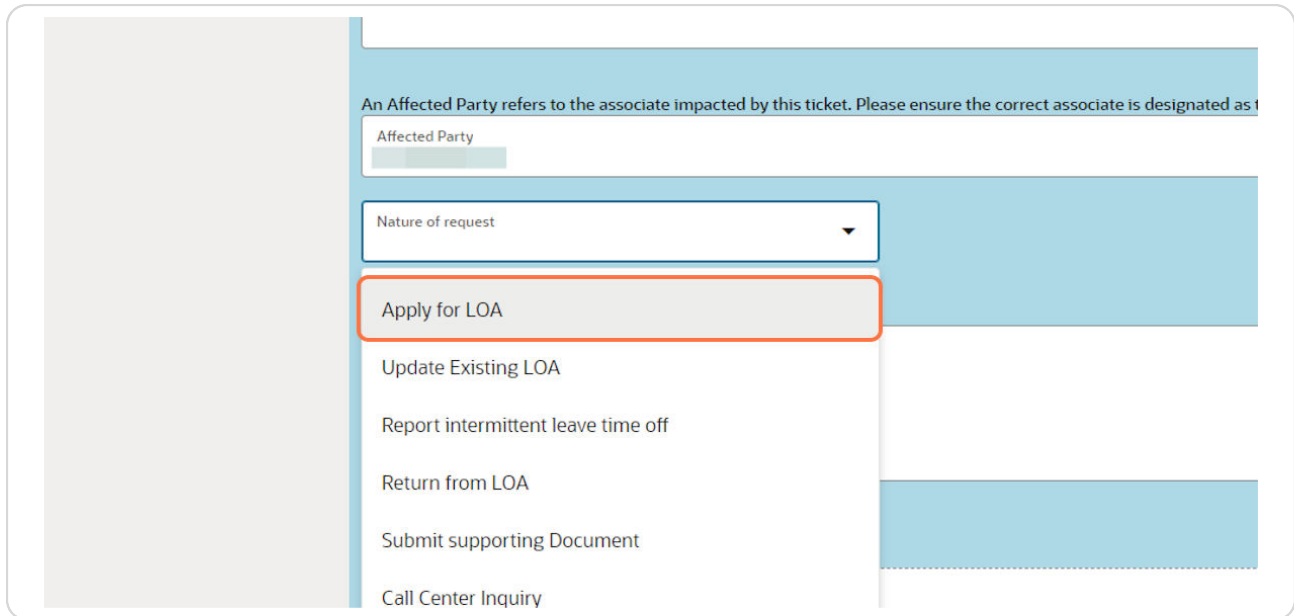
**Select Leave of Absence from request category.**

The image shows a screenshot of a web form with a light blue header and footer. The form is divided into several sections. At the top is a white text input field labeled "Subject". Below this is a blue horizontal bar containing the text: "An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated :". Underneath this bar is another white text input field labeled "Affected Party". The next section is a blue horizontal bar containing a white dropdown menu labeled "Nature of request" with a small downward arrow on the right. A red rectangular box highlights this dropdown menu. Below the dropdown menu, the word "Required" is written in a smaller font. The final section is a large white text area labeled "Description".

## STEP 6

### For nature of request, select "Apply for LOA"

This section should be used only to apply for a new LOA. Do not use for updating or adding information to existing LOA claims.



An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as t

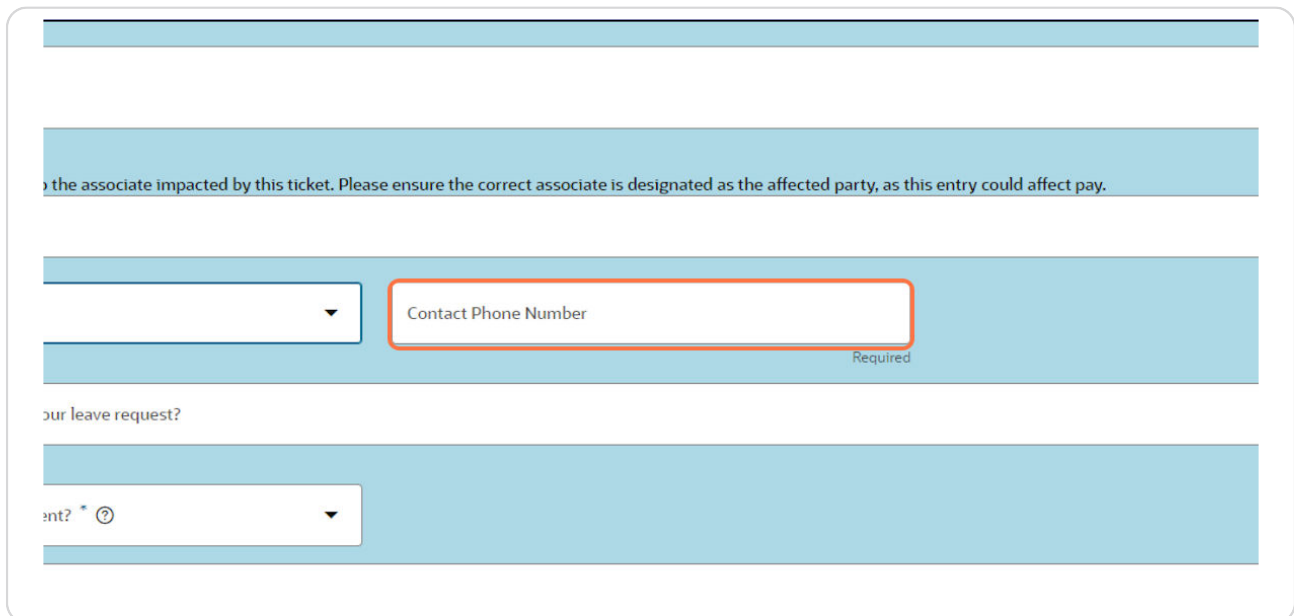
Affected Party

Nature of request

- Apply for LOA
- Update Existing LOA
- Report intermittent leave time off
- Return from LOA
- Submit supporting Document
- Call Center Inquiry

## STEP 7

### Enter a valid associate phone number.



the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.

Contact Phone Number

Required

our leave request?

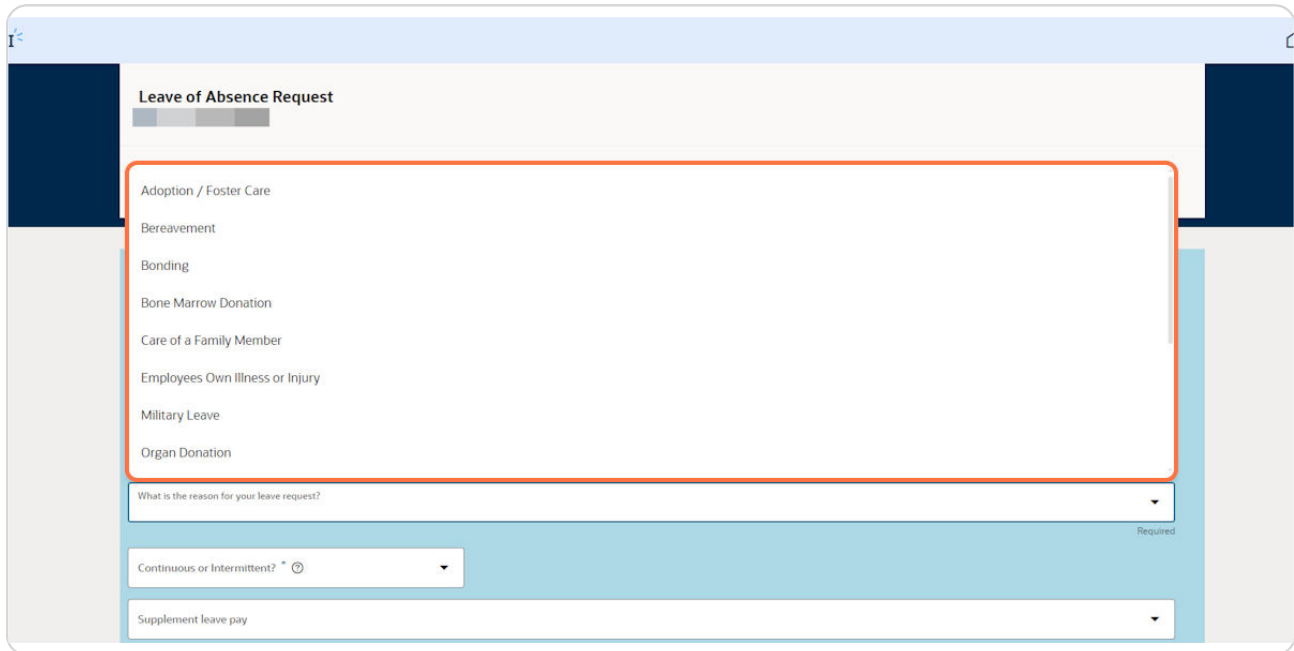
ent? \* ⓘ

## STEP 8

For "what is the reason for your leave request", select the correct reason for your leave.

Example: Employee Own Illness or Injury is for your own serious health condition.

Care of a Family Member is for if you are needing to care for a family member with a serious health condition.



The screenshot shows a web form titled "Leave of Absence Request". A dropdown menu is open, listing the following options: Adoption / Foster Care, Bereavement, Bonding, Bone Marrow Donation, Care of a Family Member, Employees Own Illness or Injury, Military Leave, and Organ Donation. Below the dropdown is a label "What is the reason for your leave request?" with a "Required" indicator. Other form fields include "Continuous or Intermittent?" with a radio button icon and "Supplement leave pay".

## STEP 9

### Select if you are needing a Continuous or Intermittent leave.

Intermittent: Leave taken in separate blocks of time

Continuous: Leave taken for an uninterrupted period of time.

A screenshot of a web form for requesting leave. The form is divided into several sections by light blue horizontal bars. The first section is labeled 'Affected Party' and contains a greyed-out input field. The second section contains a dropdown menu for 'Nature of request' with 'Apply for LOA' selected, and a text input field for 'Contact Phone Number'. The third section is labeled 'What is the reason for your leave request?' and contains the text 'Employees Own Illness or Injury'. The fourth section contains a dropdown menu for 'Continuous or Intermittent?' with a red border around it, and a text input field for 'Were you injured on the job?'. The fifth section is labeled 'Supplement leave pay' and contains an empty text input field. The sixth section is labeled 'On average, how many hours do you work in a week?' and contains an empty text input field. The form is set against a light grey background on the left side.



## STEP 10

If you selected Employee Own Illness or Injury, select whether this was work related injury or not.

Note: If you selected yes, you will be asked to enter the date of injury.

The screenshot shows a web form with several fields. At the top, there is a dropdown menu and a text input field labeled "Contact Phone Number" with a "Required" label below it. Below this is a section titled "leave request? Illness or Injury" with a dropdown menu. The main focus is a dropdown menu labeled "Were you injured on the job?" which is open, showing two options: "NO" and "YES". This dropdown is highlighted with a red border. Below this, there is a text input field for "hours do you work in a week?". At the bottom, there are three date pickers: "LOA start date" (with a "Required" label), "What was your last working day?" (with a "Required" label), and "What is your expected return to Work D".

## STEP 11

If you selected Employee Own Illness or Injury in questions #8, this question is asking if an associate wishes to use available supplemental pay sources (if available) to maintain their income during a leave of absence.

Select YES or No from the integrated leave pay dropdown box.

Supplemental pay sources may include sick pay, paid time off, flexible time off, floating holidays and/or vacation.

You will be required to take action in the timekeeping system to ensure you are paid for any unpaid waiting period (up to first seven days of your STD claim - i.e. elimination period).

Pay Integration (Supplementing Your Leave Pay)

Some associates may elect to use available paid time off, vacation, flexible time off, sick pay and/or personal days/floating holidays (collectively "Paid Time") during leave in order to receive 100% of pay during some or all of their leave. Pay Integration will occur once your STD pay drops to 60%.

Associates in some locations must use available sick pay, vacation time or PTO during a leave of absence. Contact your local HR representative to find out if this applies to you.

If you have Company-provided short-term disability and your claim is approved by The Hartford, you will receive 100% of your pay for 6 weeks after 1 week waiting (elimination) period<sup>1</sup>, then 60% of your pay for the remaining disability period if your disability continues. Certain provisions will depend on the specifics of your STD plan. For more information on short-term disability, visit Short-Term Disability (STD) - My ACI Benefits (myaci-benefits.com).

See the State Disability and Family/Medical Leave Programs (via myaci-benefits.com) for associates who work in a state with a state paid family/medical leave benefit.

<sup>1</sup>For hospital confinements of 24 hours or more, including pregnancy and childbirth, or for an Outpatient Surgical Procedure which necessitates a Total Disability period or a Disabled and Working Disability period of 24 hours or more after surgery, benefits commence: 1) on the first day of hospital confinement; or 2) on the date of the Outpatient Surgical Procedure.

Supplement leave pay

NO

YES

What is your expected LUA start date  Required

What was your last working day?  Required

What is your expected return to work date?  Required

How would you like to receive your LOA packet

Do you have any documentation supporting your request for LOA?

## STEP 12

If Integrate leave pay is YES, enter the associate's name here to authorize pay integration.

See the State Disability and Family/Medical Leave Programs (via myaci-benefits.com) for associates who work in a state.

<sup>1</sup>For hospital confinements of 24 hours or more, including pregnancy and childbirth, or for an Outpatient Surgical Procedure period of 24 hours or more after surgery, benefits commence: 1) on the first day of hospital confinement; or 2) on the d

Supplement leave pay  
YES

Type your full name (first last) to authorize pay integration.  
[Redacted Name]

Enter 80 or fewer characters.

Select the types of paid benefits you would like to integrate (check all that apply):

Floating Holidays	PTO
<input type="checkbox"/>	<input type="checkbox"/>
Vacation Time	FTO
<input type="checkbox"/>	<input type="checkbox"/>

**STEP 13**

**Select which pay source an associate wishes to include to maintain their income during their leave of absence.**

**Note: They must have unused sick pay, PTO and/or vacation time or unused floating holidays available to be used as a pay source during a leave of absence.**



## STEP 14

Enter the average hours the associate works in a week.

Supplement leave pay  
YES

Type your full name (first last) to authorize pay integration.  
Kristen Smith

Enter 80 or fewer characters.

Select the types of paid benefits you would like to integrate (check all that apply):

Floating Holidays  PTO  Sick Time

Vacation Time  FTO

On average, how many hours do you work in a week?  Required

What is your expected LOA start date  Required

What was your last working day?  Required

What is your expected return to Work Date?  Required

How would you like to receive your LOA packet

Do you have any documentation supporting your request for LOA?

Description

## STEP 15

**Complete all of the information requested to ensure accurate and complete claim information.**

Depending on the leave reason, the system will display different questions.

**Example: Is the leave continuous or intermittent? How old is your child?**

The screenshot shows a web form for leave request. At the top, there is a dropdown menu for "Supplement leave pay" with "YES" selected. Below it is a text input field for "Type your full name (first last) to authorize pay integration." followed by a "Select the types of paid benefits you would like to integrate (check all that apply):" section. This section includes five toggle switches: "Floating Holidays", "Vacation Time", "PTO", "FTO", and "Sick Time". Below the toggles is a text input field for "On average, how many hours do you work in a week?". A red box highlights three date fields: "What is your expected LOA start date", "What was your last working day? \* Ⓞ", and "What is your expected return to Work Date?". Below these is a dropdown menu for "How would you like to receive your LOA packet". At the bottom, there is a dropdown for "Do you have any documentation supporting your request for LOA?" and a large text area for "Description".

## STEP 16

### Click on YES or NO

Only select YES if you are going to attach a document. Documents must be in PDF or JPEG format no larger than 10MB.

Vacation Time  FTO

On average, how many hours do you work in a week?  
40

What is your expected LOA start date  
12/11/2024

What was your last working day?  
12/10/2024

What is your expected return to Work Date?  
01/23/2025

How would you like to receive your LOA packet  
Email

Email Address Required

Do you have any documentation supporting your request for LOA?

NO

YES

**Drag and Drop**  
Select or drop files here.

File Name File Size

No data to display.

## STEP 17

Use the detailed description box to enter any additional information about the leave of absence request.

On average, how many hours do you work in a week?  
40

What is your expected LOA start date  
12/11/2024

What was your last working day? \*  
12/10/2024

What is your expected return to Work Date?  
01/23/2025

How would you like to receive your LOA packet  
Email

Email Address Required

Do you have any documentation supporting your request for LOA?  
NO

Description

**Drag and Drop**  
Select or drop files here.

File Name ⌵ File Size ⌵

No data to display.

Save

## STEP 18

If you answered "Yes" in Step 18, Drag and Drop any documents in this section  
**NOTE: Documents must be in PDF or JPEG format no larger than 10MB.**

On average, how many hours do you work in a week?  
40

What is your expected LOA start date  
12/11/2024

What was your last working day? \*  
12/10/2024

What is your expected return to Work Date?  
01/23/2025

How would you like to receive your LOA packet  
Email

Email Address Required

Do you have any documentation supporting your request for LOA?  
NO

Description

**Drag and Drop**  
Select or drop files here.

File Name ⌵ File Size ⌵

No data to display.

Save



## STEP 19

Click on **Save** in the lower left corner of the screen to save and submit the leave of absence request.

If you do not click on the **Save** button, the leave of absence request will not be submitted.

The screenshot shows a web form for submitting a leave of absence request. The form is light blue with white input fields. At the bottom, a red rectangular box highlights the "Save" button. The form fields are as follows:

- On average, how many hours do you work in a week? (Text input: 40)
- What is your expected LOA start date? (Calendar icon, Text input: 12/11/2024)
- What was your last working day? (Calendar icon, Text input: 12/10/2024)
- What is your expected return to Work Date? (Calendar icon, Text input: 01/23/2025)
- How would you like to receive your LOA packet? (Dropdown menu: Email)
- Email Address (Text input, Required)
- Do you have any documentation supporting your request for LOA? (Dropdown menu: NO)
- Description (Text area)
- Drag and Drop (Text: Select or drop files here.)
- File Name (Text input)
- File Size (Text input)
- No data to display.
- Save (Button, highlighted with a red box)