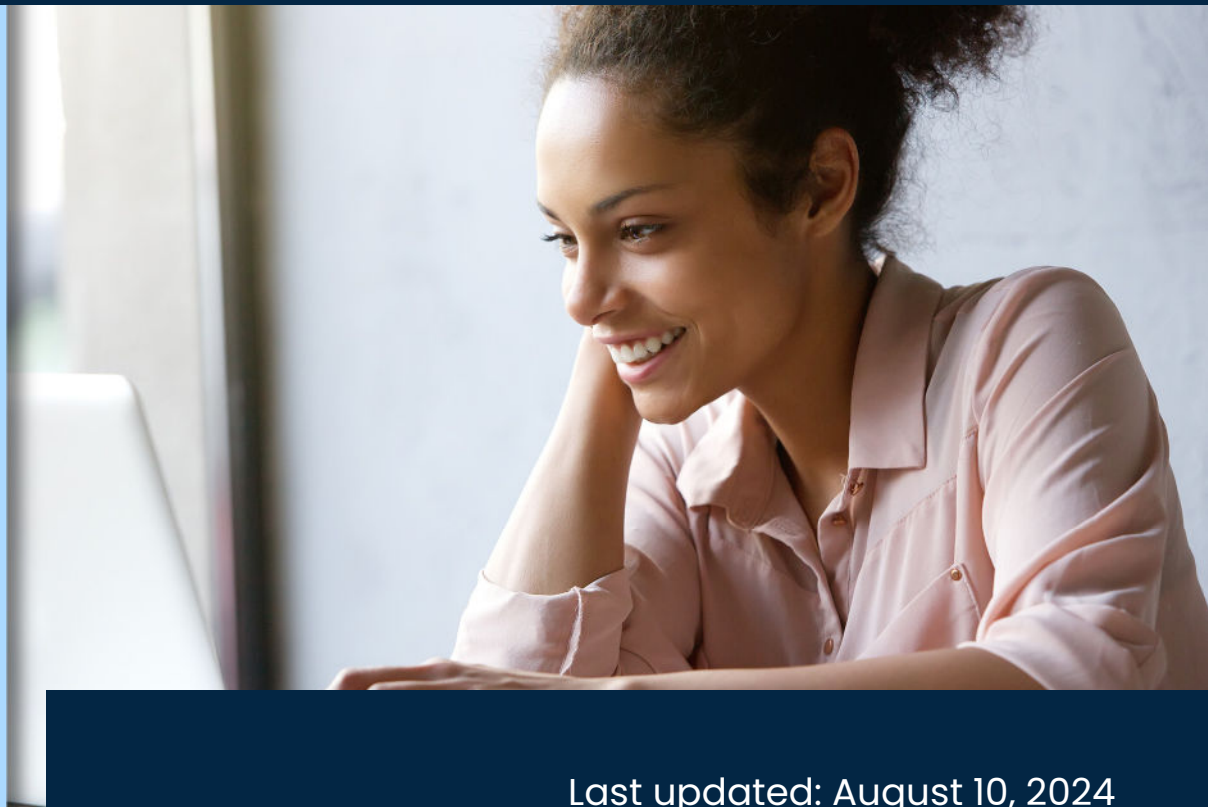


# QRG

## Quick Reference Guide (20 Steps)

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

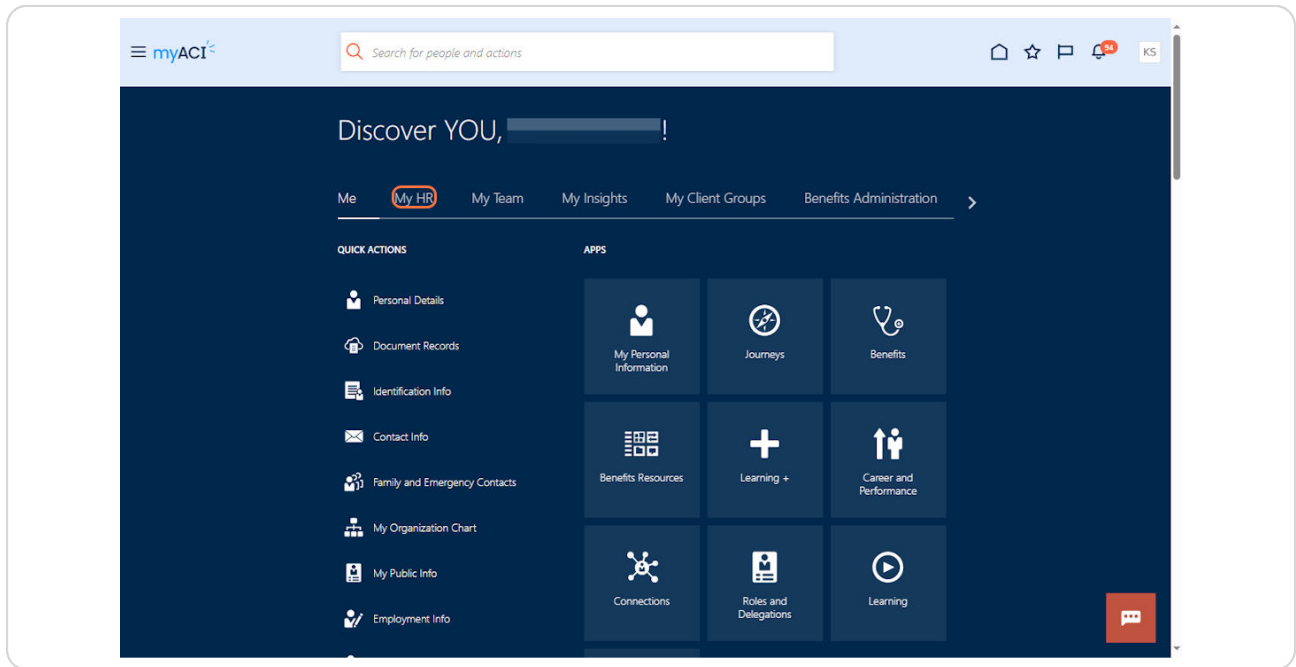
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: August 10, 2024

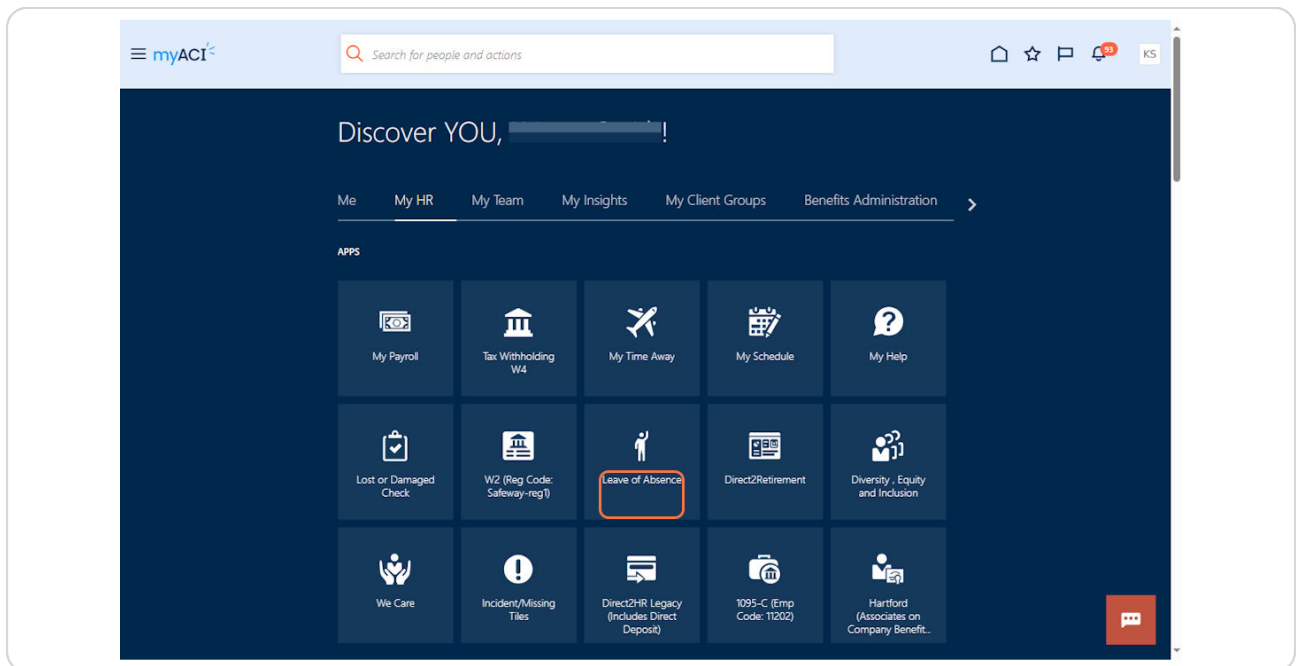
## STEP 1

**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 interface for submitting a new leave of absence (LOA) request. The page title is "New LOA Request" for user Kristen Smith (KSM0933). A red message states: "This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team." The form contains the following fields:

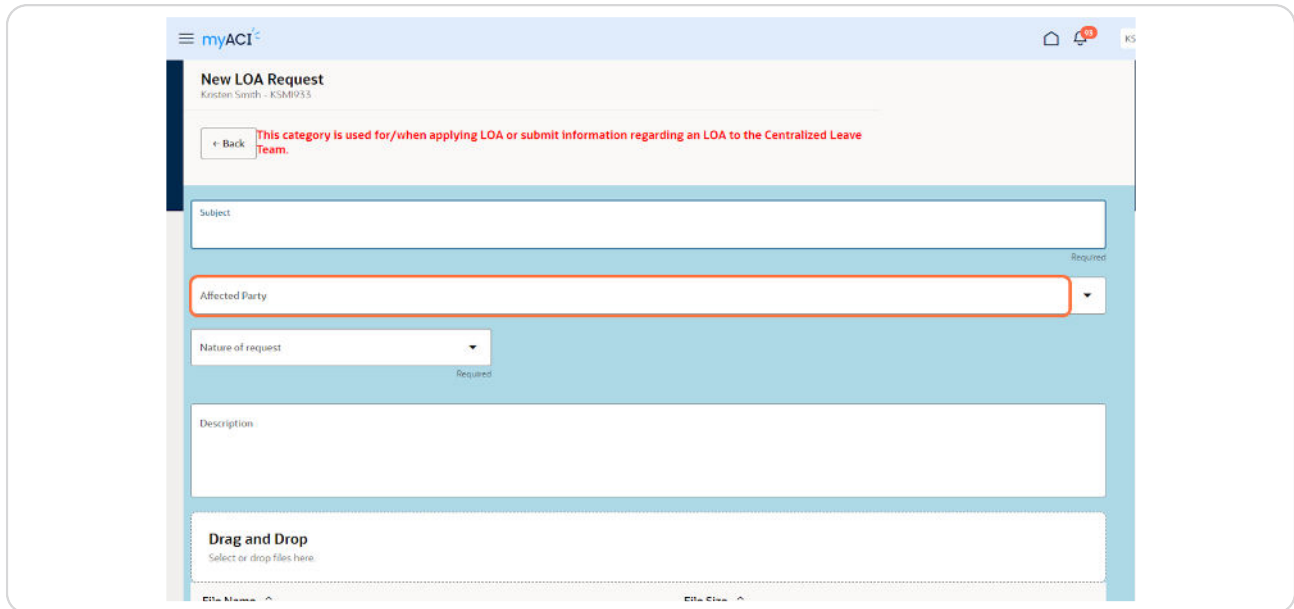
- Subject:** A text input field with a red border and a "Required" label.
- Affected Party:** A dropdown menu.
- Nature of request:** A dropdown menu with a "Required" label.
- Description:** A large text area.
- Attachments:** A "Drag and Drop" area with the instruction "Select or drop files here."

At the bottom of the form, there are two "File Name" labels with upward-pointing arrows.

## STEP 4

**In the Affected Party Box, enter the Employee ID of the associate who is applying for the leave of absence.**

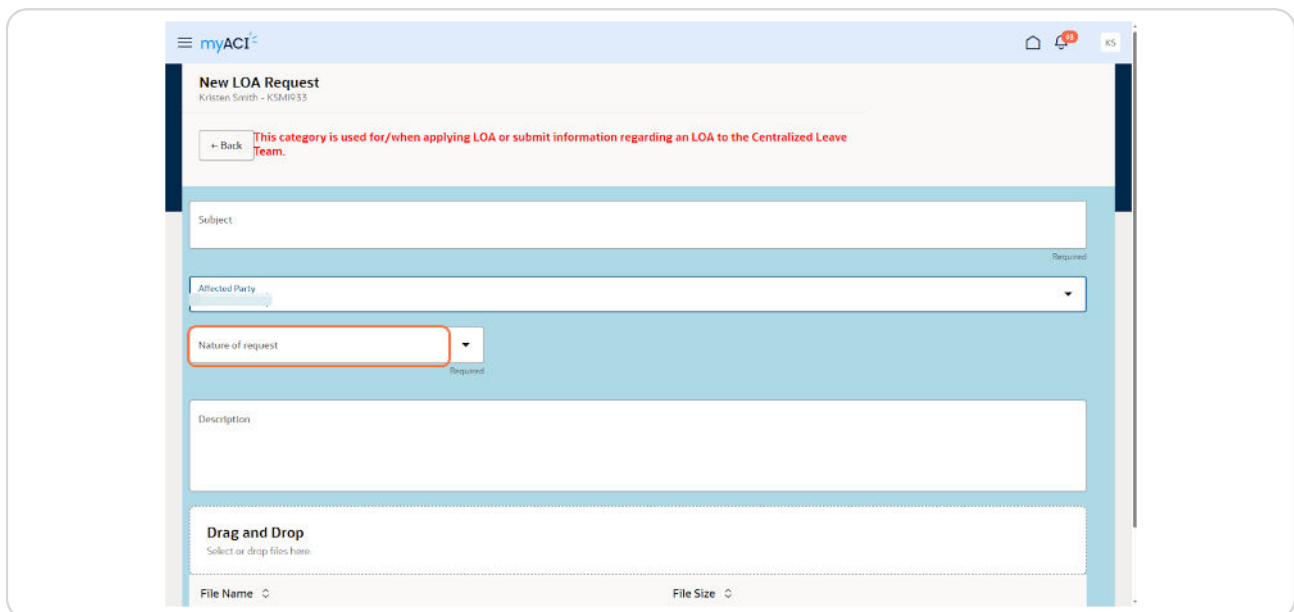
An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.



The screenshot shows the 'New LOA Request' form in the myACI system. The form is titled 'New LOA Request' and is for user 'Kristen Smith - KSM1933'. A red message states: 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' The form contains several fields: 'Subject' (Required), 'Affected Party' (highlighted with an orange border), 'Nature of request' (Required), and 'Description'. At the bottom, there is a 'Drag and Drop' section for file uploads.

## STEP 5

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



The screenshot shows the 'New LOA Request' form in the myACI system. The form is titled 'New LOA Request' and is for user 'Kristen Smith - KSM1933'. A red message states: 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' The form contains several fields: 'Subject' (Required), 'Affected Party', 'Nature of request' (highlighted with an orange border), and 'Description'. At the bottom, there is a 'Drag and Drop' section for file uploads.

## 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.

The screenshot shows the 'New LOA Request' form in the myACI system. The user is Krysten Smith (KSM/0953). A red warning message states: "This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team." The form includes a 'Back' button, a 'Subject' field, an 'Affected Party' dropdown, and a 'Nature of request' dropdown. The 'Nature of request' dropdown is open, showing options: 'Apply for LOA' (highlighted with a red box), 'Update Existing LOA', 'Report intermittent leave time off', 'Return from LOA', 'Submit supporting Document', and 'Call Center Inquiry'. There is also a 'File Name' and 'File Size' section at the bottom.

## STEP 7

### Enter a valid associate phone number.

The screenshot shows the 'New LOA Request' form in the myACI system. The user is Krysten Smith (KSM/0953). A red warning message states: "This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team." The form includes a 'Back' button, a 'Subject' field, an 'Affected Party' dropdown, and a 'Nature of request' dropdown. The 'Nature of request' dropdown is open, showing options: 'Apply for LOA' (highlighted with a red box), 'Update Existing LOA', 'Report intermittent leave time off', 'Return from LOA', 'Submit supporting Document', and 'Call Center Inquiry'. There is also a 'File Name' and 'File Size' section at the bottom.

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

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

Note: The Short-Term Disability (STD) plan through Hartford has a 1-week elimination period (unpaid); if you would like to be paid PTO/vacation/FTO in the timekeeping system.


If you are a non-union associate approved for STD, the plan will pay 100% of your pay for Weeks 2-7 weeks (after the 1-week elimi

Integrated leave Pay ▼

NO

YES

Is this leave request for your own medical condition other than pregnancy?

what is your expected LOA start date 

what was your last day worked? \*

Required

How would you like to receive your LOA packet ▼

## STEP 9

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

The screenshot shows a web form with the following fields and sections:

- Affected Party:** A dropdown menu with a "Required" label.
- Nature of request:** A dropdown menu with "Apply for LOA" selected.
- Contact Phone Number:** A text input field with a "Required" label.
- Integration Question:** A text area asking, "If applicable (and is not already required by policy), would you like to integrate any available sick pay, PTO/vacation/FTO to top-up your pay to 100% when receiving State Disability Benefits or Short-Term/Long-Term Disability benefits?"
- Note:** A paragraph explaining the Short-Term Disability (STD) plan through Hartford, including a 1-week elimination period and payment details.
- Integrate leave Pay:** A dropdown menu with "YES" selected.
- Authorization:** A text input field with the placeholder "Type your full name (first last) to authorize pay integration." and a "Required" label.
- Benefit Selection:** A section titled "Select the types of paid benefits you would like to integrate (check all that apply):" containing five toggle switches for Floating Holidays, Vacation Time, PTO, FTO, and Sick Time.
- Hours:** A text input field asking "On average, how many hours do you work in a week?" with a "Required" label.
- Medical Condition:** A dropdown menu asking "Is this leave request for your own medical condition other than pregnancy?" with a "Required" label.

## STEP 10

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

The screenshot shows a web form for Step 10. At the top, there is a dropdown menu for 'Affected Party' and a 'Nature of request Apply for LOA' dropdown. A 'Contact Phone Number' field is marked as 'Required'. Below this, there is a question: 'If applicable (and is not already required by policy), would you like to integrate any available sick pay, PTO/vacation/FTO to top-up your pay to 100% when receiving State Disability Benefits or Short-Term/Long-Term Disability benefits?'. A note explains that the Short-Term Disability (STD) plan through Hartford has a 1-week elimination period (unpaid), and if the associate wants to be paid during this period, they must manually enter sick pay, PTO/vacation/FTO in the timekeeping system. It also states that for non-union associates approved for STD, the plan will pay 100% of pay for Weeks 2-7 (after a 1-week elimination period) and 60% starting in Week 8. The form includes a dropdown for 'Integrated leave Pay' set to 'YES' and a text field for 'Type your full name (first last) to authorize pay integration.' Below this is a section titled 'Select the types of paid benefits you would like to integrate (check all that apply):' with five toggle switches: 'Floating Holidays', 'Vacation Time', 'PTO', 'FTO', and 'Sick Time'. The 'On average, how many hours do you work in a week?' field is highlighted with a red box. At the bottom, there is a dropdown for 'Is this leave request for your own medical condition other than pregnancy?' and a 'Description' field.

## STEP 11

Enter the average hours the associate works in a week.

The screenshot shows a web form for Step 11. It continues from Step 10, showing the 'Integrated leave Pay' dropdown set to 'YES' and the 'Type your full name' field. The 'Select the types of paid benefits' section is visible, with 'Sick Time' now checked. The 'On average, how many hours do you work in a week?' field is highlighted with a red box. Below this is the 'Is this leave request for your own medical condition other than pregnancy?' dropdown. Further down, there are three date pickers: 'what is your expected LOA start date', 'what was your last day worked?', and 'What is your expected or estimated return to Work Date?'. A dropdown for 'How would you like to receive your LOA packet?' and another for 'Do you have any documentation supporting your request for LOA?' are also present. A 'Description' field is at the bottom.



## STEP 12

Click on the drop down to select if the leave request is for the associate's own medical condition or for another reason.

PTO/vacation/FTO in the timekeeping system.

If you are a non-union associate approved for STD, the plan will pay 100% of your pay for Weeks 2-7 weeks (after the 1-week elimination period) and beginning in Week 8, STD will pay 60% of your pay.

Integrated leave Pay  Required

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

Is this leave request for your own medical condition other than pregnancy?  Required

what is your expected LOA start date  Required

what was your last day worked? \*  Required

What is your expected or estimated 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

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

### STEP 13

Select YES if the leave is for the associate, otherwise select NO, if the associate needs a leave for another reason.

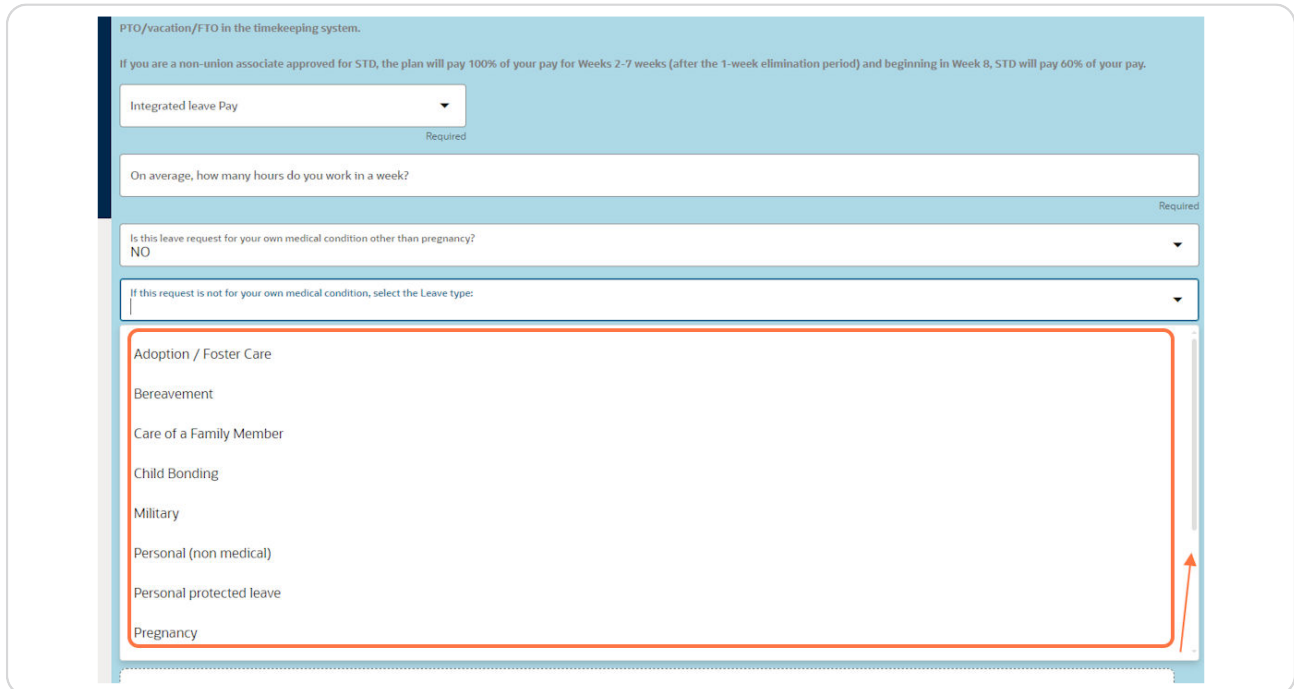
Other reasons include : Care of a Family Member, Pregnancy, Bonding, Military, Personal etc...

The screenshot shows a web form for leave request. At the top, there is a dropdown menu for 'Integrated leave Pay' set to 'YES' and a text input field for 'Type your full name (first last) to authorize pay integration.' with a 'Required' label. Below this, a section titled 'Select the types of paid benefits you would like to integrate (check all that apply):' contains six checkboxes: 'Floating Holidays', 'Vacation Time', 'PTO', 'FTO', and 'Sick Time'. All are currently unchecked. A text input field asks 'On average, how many hours do you work in a week?' with a 'Required' label. Below that is a dropdown menu for 'Is this leave request for your own medical condition other than pregnancy?' with 'NO' selected. This dropdown is highlighted with a red border. Below it is another dropdown for 'How would you like to receive your LOA packet'. The next dropdown asks 'Do you have any documentation supporting your request for LOA?'. At the bottom is a large text area labeled 'Description'.

## STEP 14

If you answered "No" in step 13, click on the reason for the leave of absence request from the choices in the dropdown.

Don't forget to scroll down, more options available.



PTO/vacation/FTO in the timekeeping system.

If you are a non-union associate approved for STD, the plan will pay 100% of your pay for Weeks 2-7 weeks (after the 1-week elimination period) and beginning in Week 8, STD will pay 60% of your pay.

Integrated leave Pay  Required

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

Is this leave request for your own medical condition other than pregnancy?  
NO

If this request is not for your own medical condition, select the Leave type:

- Adoption / Foster Care
- Bereavement
- Care of a Family Member
- Child Bonding
- Military
- Personal (non medical)
- Personal protected leave
- Pregnancy

## 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?

Note: The Short-Term Disability (STD) plan through Hartford has a 1-week elimination period (unpaid); if you would like to be paid during this elimination period, the associate must manually enter sick pay, PTO/vacation/FTO in the timekeeping system.

If you are a non-union associate approved for STD, the plan will pay 100% of your pay for Weeks 2-7 weeks (after the 1-week elimination period) and beginning in Week 8, STD will pay 60% of your pay.

Integrated leave Pay Required

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

Is this leave request for your own medical condition other than pregnancy?  
NO

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member

Select the type of your family member Required    Is the family member leave continuous or intermittent?... Required    what is your expected LOA start date Required

what was your last day worked? \* Required    What is your expected or estimated 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 16

### Click on Do you have any documentation supporting your request for LOA?

Note: The Short-Term Disability (STD) plan through Hartford has a 1-week elimination period (unpaid); if you would like to be paid during this elimination period, the associate must manually enter sick pay, PTO/vacation/FTO in the timekeeping system.

If you are a non-union associate approved for STD, the plan will pay 100% of your pay for Weeks 2-7 weeks (after the 1-week elimination period) and beginning in Week 8, STD will pay 60% of your pay.

Integrated leave Pay Required

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

Is this leave request for your own medical condition other than pregnancy?  
NO Required

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member Required

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member Required

Select the type of your family member Required

Is the family member leave continuous or intermittent?... Required

what is your expected LOA start date Required

what was your last day worked? \* Required

What is your expected or estimated return to Work Date? Required

How would you like to receive your LOA packet Required

Do you have any documentation supporting your request for LOA? Required

Description

## STEP 17

### 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.

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

Is this leave request for your own medical condition other than pregnancy?  
NO Required

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member Required

If this request is not for your own medical condition, select the Leave type:  
Care of a Family Member Required

Select the type of your family member Required Is the family member leave continuous or intermittent?... Required what is your expected LOA start date Required

what was your last day worked? \* Required What is your expected or estimated return to Work Date? Required How would you like to receive your LOA packet 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

## STEP 18

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? Required

Is this leave request for your own medical condition other than pregnancy?  
YES Required

Continuous or Intermittent? \*  
Continuous Required Were you injured on the job? Required what is your expected LOA start date Required

what was your last day worked? \* Required What is your expected or estimated return to Work Date? Required How would you like to receive your LOA packet 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.

## STEP 19

If you answered "Yes" in Step 17, 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? Required

Is this leave request for your own medical condition other than pregnancy?  
YES

Continuous or Intermittent? \*  
Continuous

Were you injured on the job? Required

what is your expected LOA start date Required

what was your last day worked? \* Required

What is your expected or estimated return to Work Date? Required

How would you like to receive your LOA packet

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.	

## STEP 20

**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 and contains several sections:

- Hours:** A text input field with the question "On average, how many hours do you work in a week?". A "Required" label is on the right.
- Medical Condition:** A dropdown menu with the question "Is this leave request for your own medical condition other than pregnancy?". The selected option is "YES".
- Continuous or Intermittent? \***: A dropdown menu with the selected option "Continuous".
- Were you injured on the job? \***: A dropdown menu.
- what is your expected LOA start date \***: A date picker field. A "Required" label is on the right.
- what was your last day worked? \***: A date picker field.
- What is your expected or estimated return to Work Date? \***: A date picker field. A "Required" label is on the right.
- How would you like to receive your LOA packet \***: A dropdown menu.
- Documentation:** A dropdown menu with the question "Do you have any documentation supporting your request for LOA?". The selected option is "NO".
- Description:** A large text area for providing details.
- Drag and Drop:** A section for uploading files, with the text "Select or drop files here." and a list of file names and sizes (currently empty).
- Save:** A button in the bottom left corner, highlighted with a red border.



*Tango*

Never miss a step again. Visit [Tango.us](https://tango.us)