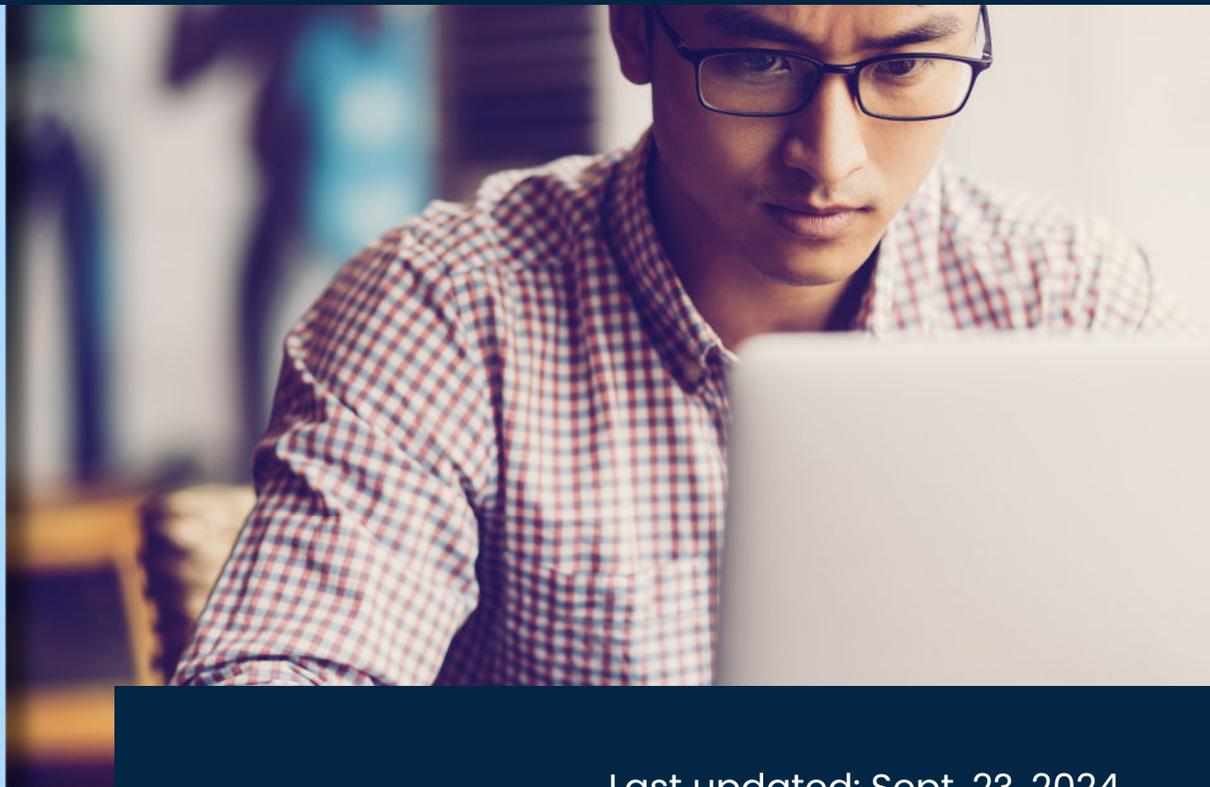


# QRG

## Quick Reference Guide (14 Steps)

### How to Report Intermittent FMLA Time Off for an Existing Claim

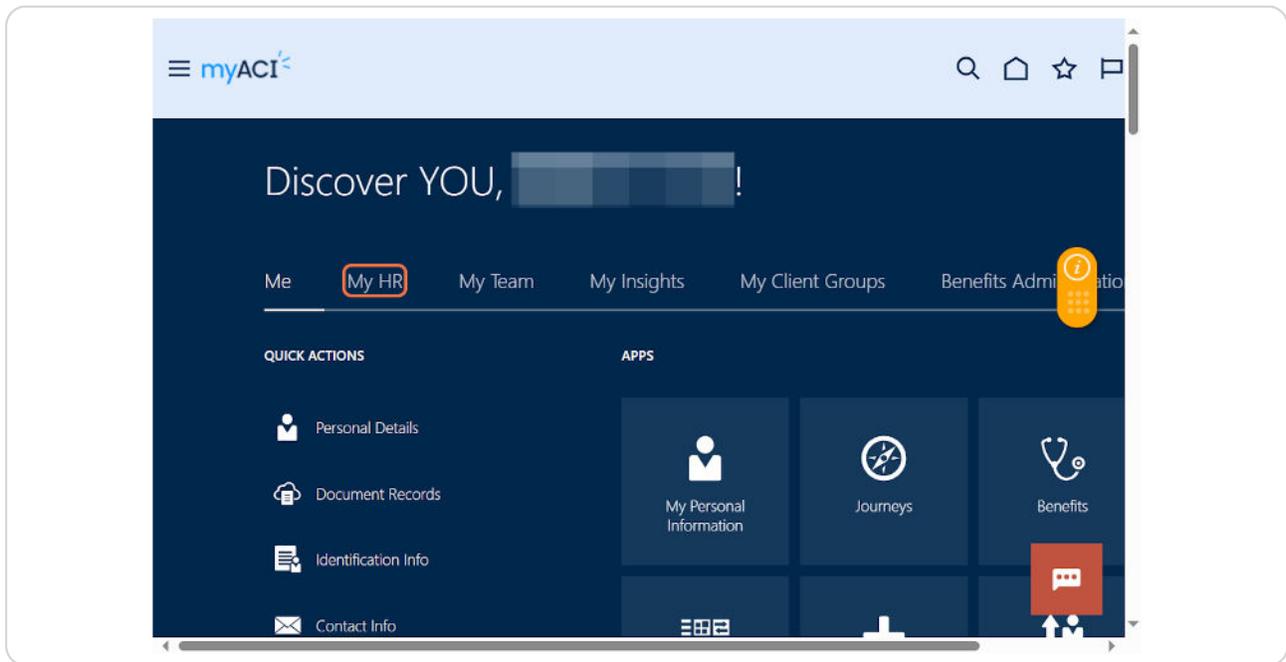
This QRG is for managers, HR representatives and associates who need to report intermittent FMLA usage either for themselves or on behalf of an associate.



Last updated: Sept. 23, 2024

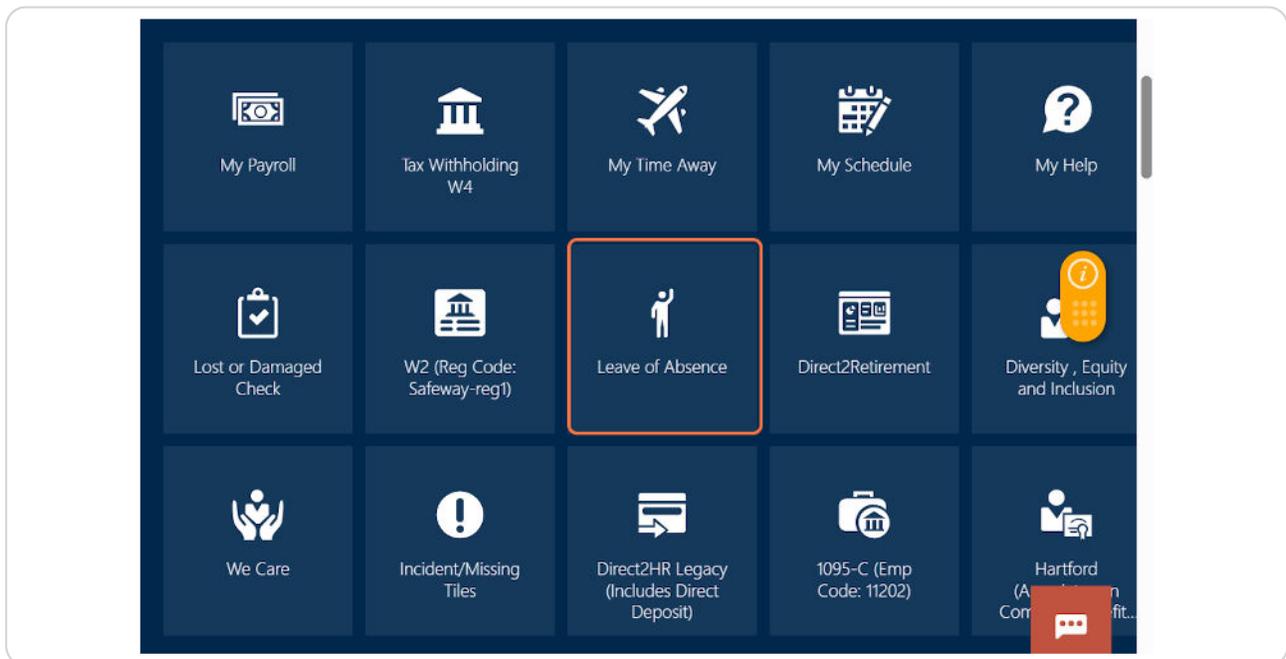
## STEP 1

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



## STEP 2

**Click on Leave of Absence.**



### STEP 3

Enter the reason for your intermittent time off.

Example: Intermittent time for self or Intermittent time for child.

myACI

## New LOA Request

← Back **This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.**

**Subject**  
Intermittent time for self

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

Nature of request

Required

## STEP 4

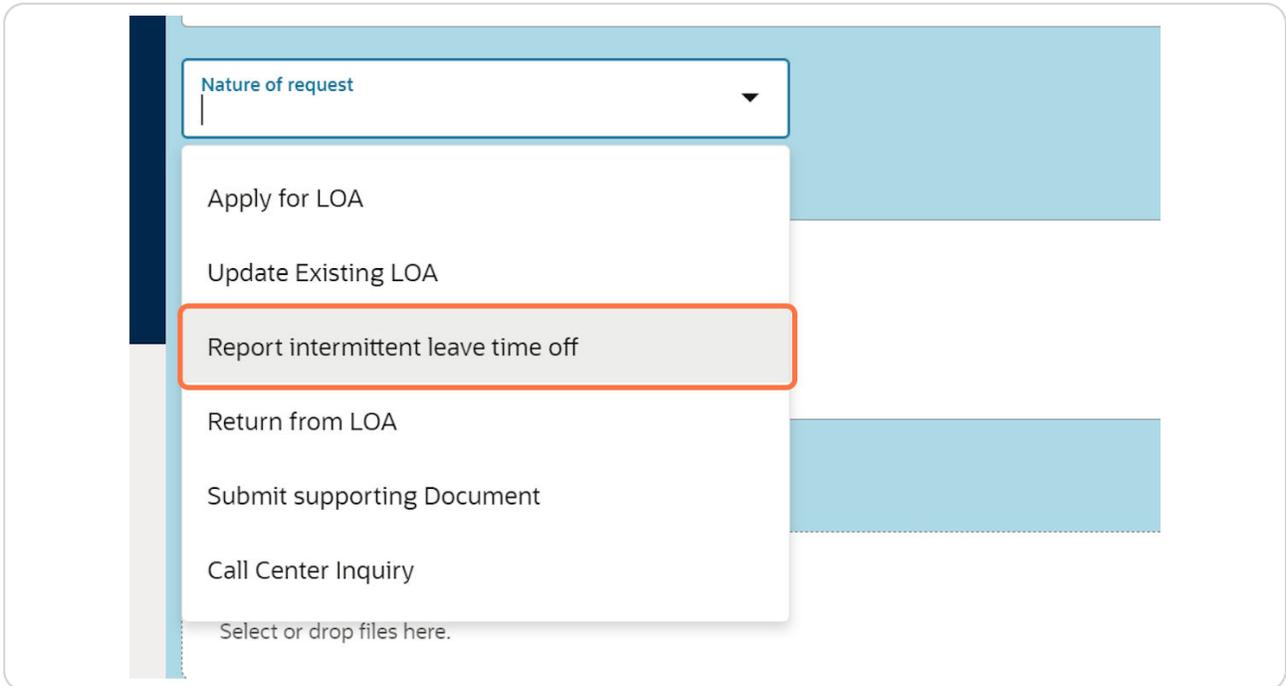
**In the Affected Party Box, enter the Employee ID of the associate who is needing to report intermittent FMLA time.**

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 'myACI' interface for a 'New LOA Request'. At the top, there is a navigation bar with the myACI logo, a home icon, a notification bell with '123', and a user profile icon. The main heading is 'New LOA Request'. Below this, there is a red text box with a '← Back' link and the text: 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' The form contains a 'Subject' field with the text 'Intermittent time for self'. Below the subject field is a red-bordered box containing the text '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.' Underneath this is a dropdown menu labeled 'Affected Party'. Below the dropdown is another dropdown menu labeled 'Nature of request' with a 'Required' label below it. On the right side of the form, there is a yellow information icon.

**STEP 5**

**Select Report Intermittent leave time off from request category.**



## STEP 6

Enter the leave of absence claim number. This can be found on the letter that was sent from the Centralized Leave Team or in an email notification.

Example: AC-24-123456

**DO NOT SKIP THIS STEP.** It's important that we have the accurate case number.

affected party, as this entry could affect pay.

Affected Party ▼

Nature of request  
Report intermittent leave time off ▼

ClaimVantage AC Number (Found on any LOA letter)  
AC-24-123456

Enter 80 or fewer characters.

Date Off 1 

Number of Hours Missed 1 

Number of Minutes Missed 1

Treatment or Incapacity 1 ▼

Select the leave to apply the intermittent hours missed from work 1 ▼

## STEP 7

Select the date that intermittent FMLA time was used.

affected party, as this entry could affect pay.

Affected Party

Nature of request  
Report intermittent leave time off

ClaimVantage AC Number (Found on any LOA letter)  
AC-24-123456

Number of Hours Missed 1

Treatment or Incapacity 1

from work 1

Number of Hours Missed 2

Treatment or Incapacity 2

September 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## STEP 8

Type in how many FMLA hours used on the date you've just selected.

**Note:** You can only enter whole numbers in this box (e.g., 4, not 4.5 or 4 1/2).

**Example:** If you used 4 hours and 30 minutes of FMLA, enter 4 under "Number of Hours Missed." Then, enter 30 under "Number of Minutes Missed" (see step 9 below).

The screenshot shows a web form for reporting FMLA leave. The form is titled "affected party, as this entry could affect pay." and includes several fields:

- Affected Party:** A dropdown menu.
- Nature of request:** A dropdown menu with the selected option "Report intermittent leave time off".
- ClaimVantage AC Number (Found on any LOA letter):** A text field containing "AC-24-123456".
- Date Off 1:** A date picker field showing "09/19/2024".
- Number of Hours Missed 1:** A text input field containing the number "1", which is highlighted with a red rectangular border.
- Number of Minutes Missed 1:** An empty text input field.
- Treatment or Incapacity 1:** A dropdown menu.
- Select the leave to apply the intermittent hours missed from work 1:** A dropdown menu.
- Date Off 2:** A date picker field.
- Number of Hours Missed 2:** An empty text input field.
- Number of Minutes Missed 2:** An empty text input field.
- Treatment or Incapacity 2:** A dropdown menu.

## STEP 9

Type in how many FMLA minutes used on the date you've just selected.

**Note:** You can only enter whole numbers in this box.

**Example:** If you used 4 hours and 30 minutes of FMLA, enter 4 under "Number of Hours Missed" (see step 8 above). Then, enter 30 under "Number of Minutes Missed."

The screenshot shows a web form for reporting FMLA time off. The form is titled "affected party, as this entry could affect pay." and contains the following fields:

- Affected Party:** A dropdown menu.
- Nature of request:** A dropdown menu with the selected option "Report intermittent leave time off".
- ClaimVantage AC Number (Found on any LOA letter):** A text input field containing "AC-24-123456".
- Date Off 1:** A date picker field showing "09/19/2024".
- Number of Hours Missed 1:** A text input field.
- Number of Minutes Missed 1:** A text input field, highlighted with a red border.
- Treatment or Incapacity 1:** A dropdown menu.
- Select the leave to apply the intermittent hours missed from work 1:** A dropdown menu.
- Date Off 2:** A date picker field.
- Number of Hours Missed 2:** A text input field.
- Number of Minutes Missed 2:** A text input field.
- Treatment or Incapacity 2:** A dropdown menu.

There is a small orange information icon in the top right corner of the form area.

## STEP 10

### Select the reason for taking FMLA: Incapacity or Treatment

**Treatment:** Scheduled medical appointment.

**Incapacity:** Medical treatment or recovery periods or flare-ups of a chronic condition for own serious health condition or to care for a family member with a serious health condition.

affected party, as this entry could affect pay.

Affected Party ▼ ⓘ

Nature of request  
Report intermittent leave time off ▼

ClaimVantage AC Number (Found on any LOA letter)  
AC-24-123456

Date Off 1  
09/19/2024 📅

Number of Hours Missed 1

Number of Minutes Missed 1

Treatment or Incapacity 1 ▼

Select the leave to apply the intermittent hours missed from wo

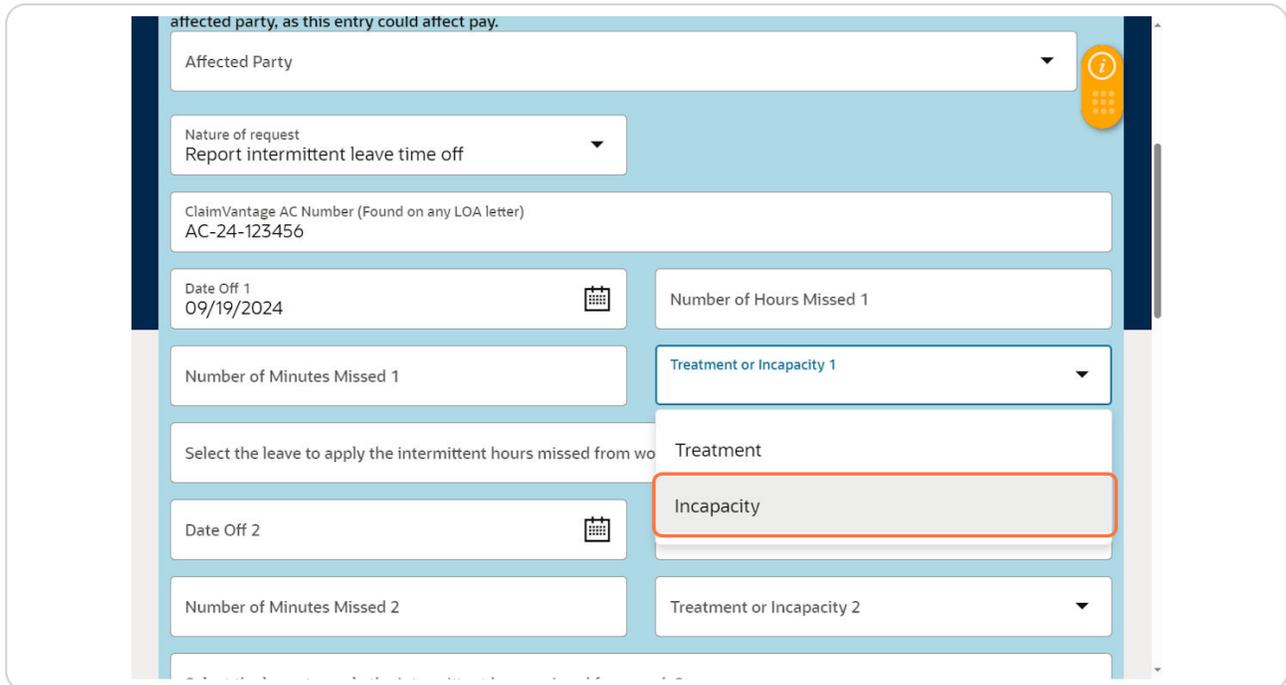
Treatment

Incapacity

Date Off 2 📅

Number of Minutes Missed 2

Treatment or Incapacity 2 ▼



## STEP 11

### Select the reason why taking FMLA time.

**Example: If you had a flare-up, select Personal Medical Condition.**

If you are taking your child to therapy, select Child.

The screenshot shows a form with multiple sections for reporting FMLA time. The first section includes a text input for 'Number of Minutes Missed 1' and a dropdown menu for 'Treatment or Incapacity 1' with 'Incapacity' selected. Below this is a dropdown menu for 'Select the leave to apply the intermittent hours missed from work 1'. A list of reasons is shown: 'Child', 'Personal Medical Condition' (highlighted with an orange border), 'Parent', 'Spouse', and 'Other'. The second section includes a text input for 'Number of Minutes Missed 3' and a dropdown menu for 'Treatment or Incapacity 3'. Below this is a dropdown menu for 'Select the leave to apply the intermittent hours missed from work 3'. The third section includes a text input for 'Date Off 4' with a calendar icon and a text input for 'Number of Hours Missed 4'. A yellow help icon is visible on the right side of the form.

## STEP 12

**If needing to report intermittent FMLA time off for more than 5 days, repeat steps 7-11.**

### STEP 13

Use the detailed description box to enter any additional information regarding the intermittent time being reported.

The screenshot shows a form with the following fields:

- Date Off 5 (with a calendar icon)
- Number of Hours Missed 5
- Number of Minutes Missed 5
- Treatment or Incapacity 5 (dropdown menu)
- Select the leave to apply the intermittent hours missed from work 5 (dropdown menu)
- Description (large text area, highlighted with a red border)

### STEP 14

Click on Save in the lower left corner of the screen to save and submit the intermittent FMLA time.

If you do not click on the Save button, the time will not be submitted.

The screenshot shows the form with the following elements:

- Select the leave to apply the intermittent hours missed from work 5 (dropdown menu)
- Description (text area)
- Drag and Drop (file upload area with text "Select or drop files here.")
- File Name (dropdown menu)
- File Size (dropdown menu)
- No data to display. (text below the file list)
- Save (button, highlighted with a red border)
- Information icon (bottom right)