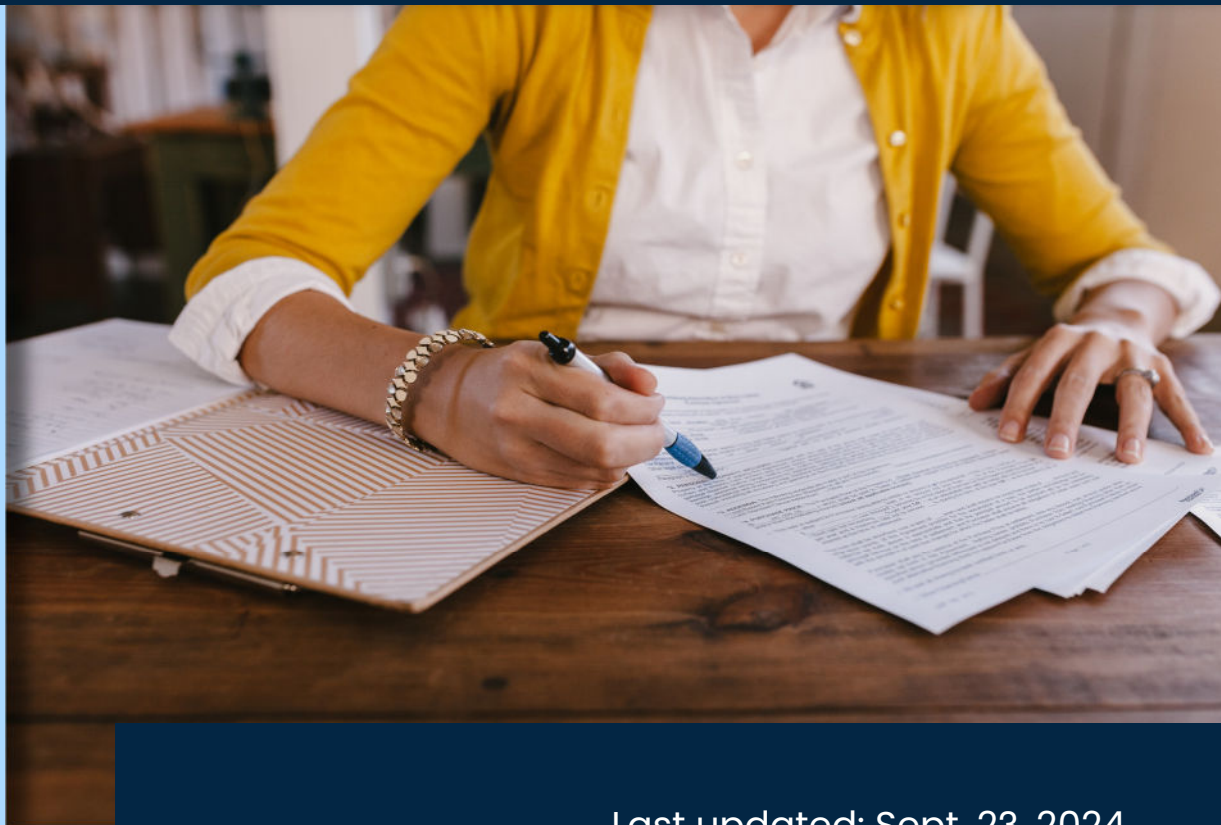


QRG

Quick Reference Guide (9 Steps)

How to Submit Supporting Documentation for an Existing LOA

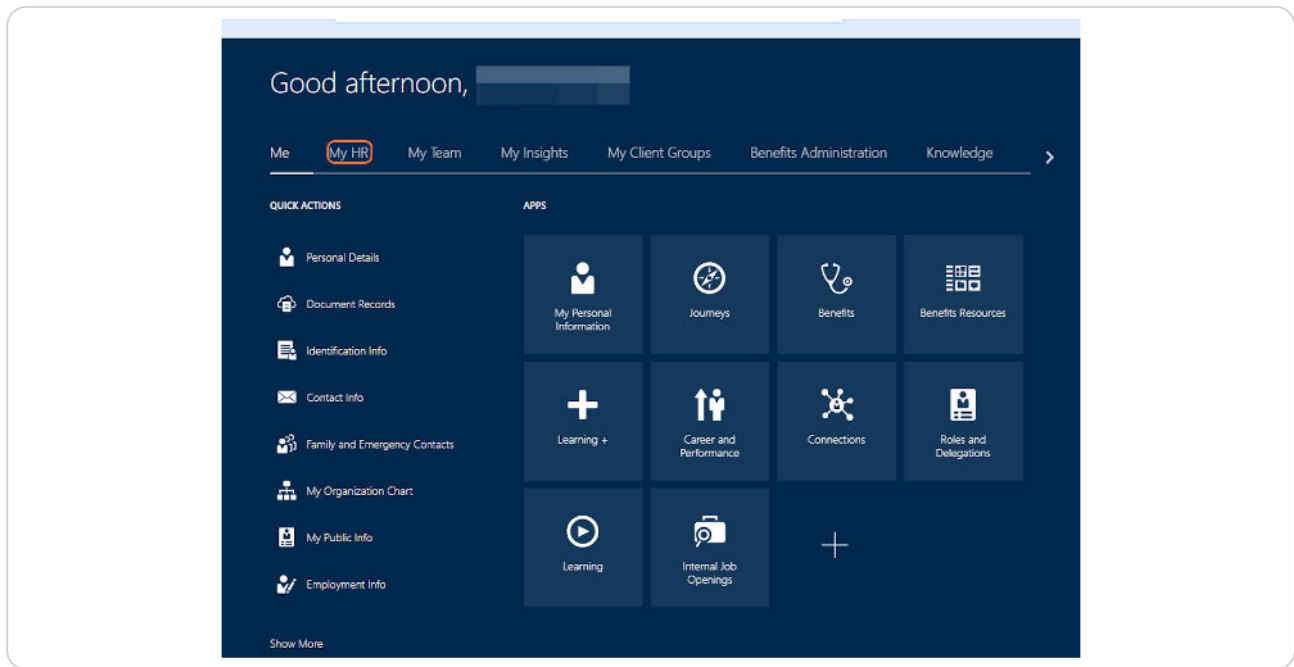
This QRG is for managers, HR representatives and associates who wish to submit supporting documentation for an existing leave of absence (LOA).



Last updated: Sept. 23, 2024

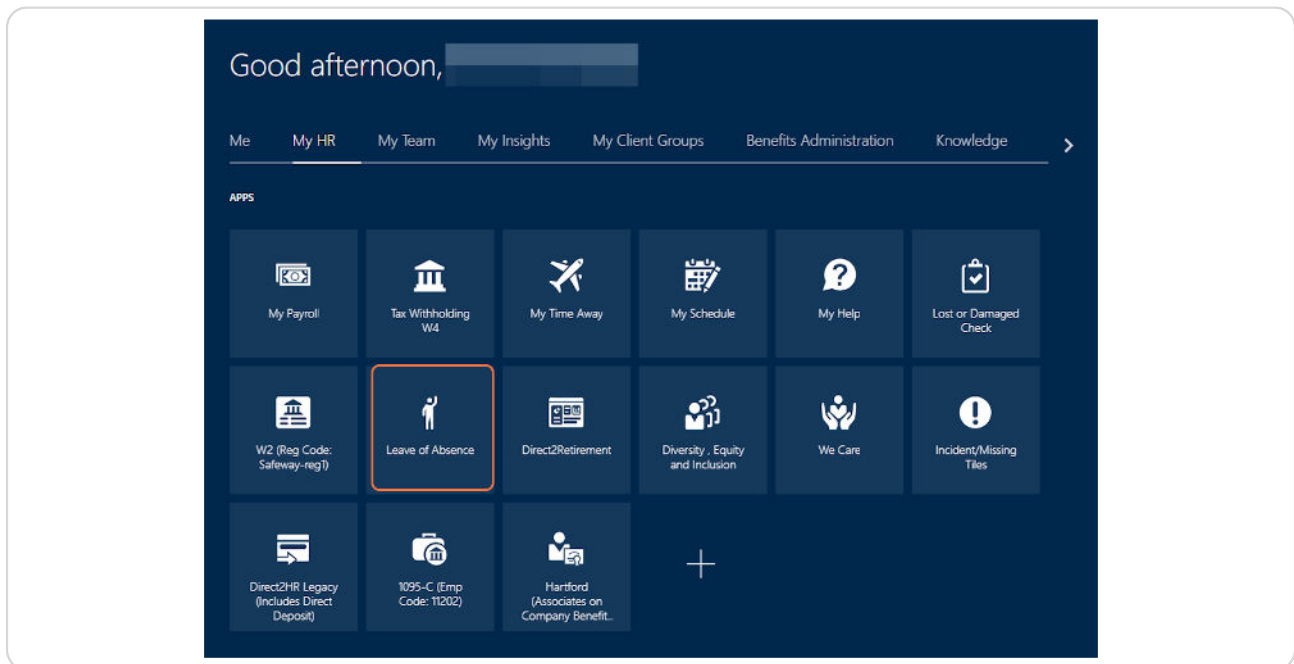
STEP 1

Sign in to myACI then click on My HR.



STEP 2

Click on Leave of Absence.



STEP 3

Enter the subject for the leave request.

Example subject: "Sending in medical documentation"

New LOA Request

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

Subject
Sending in medical documents

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 for whom the medical documentation is being submitted for.

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.

New LOA Request

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

Subject
Sending in medical documents

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 5

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.

New LOA Request

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

Subject
Sending in medical documents

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
Submit supporting Document

ClaimVantage AC Number (Found on any LOA letter) Required

Select the completed form you are submitting Required

STEP 6

Select the type of document that is being submitted.

Subject
Sending in medical documentation

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
Submit supporting Document

ClaimVantage AC Number (Found on any LOA letter)

Select the completed form you are submitting

- Application for Military Leave
- Certification of Healthcare Provider
- Certification of Healthcare Provider - Military FMLA
- Healthcare Provider Status
- Leave of Absence Request
- Military Orders
- Proof of Birth / Adoption / Foster Care
- Other

File Size

STEP 7

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

Subject
Sending in medical documents

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
Submit supporting Document

ClaimVantage AC Number (Found on any LOA letter) Required

Select the completed form you are submitting Required

Description

Drag and Drop
Select or drop files here.

STEP 8

Drag and Drop your document(s) in this section.

NOTE: Documents must be in PDF or JPEG format no larger than 10MB.

Subject
Sending in medical documents

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
Submit supporting Document ▼

ClaimVantage AC Number (Found on any LOA letter) Required

Select the completed form you are submitting ▼
Required

Description

Drag and Drop
Select or drop files here.

File Name ↕ File Size ↕

STEP 9

Ensure that all fields above are completed. Then click on "Save" in the lower left corner of the screen to save and submit the documentation.

If you do not click on the Save button, the documentation will not be submitted to the claim.

Submitting in medical documents

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
Submit supporting Document

ClaimVantage AC Number (Found on any LOA letter) Required

Select the completed form you are submitting Required

Description

Drag and Drop
Select or drop files here.

File Name	File Size
No data to display.	

Save