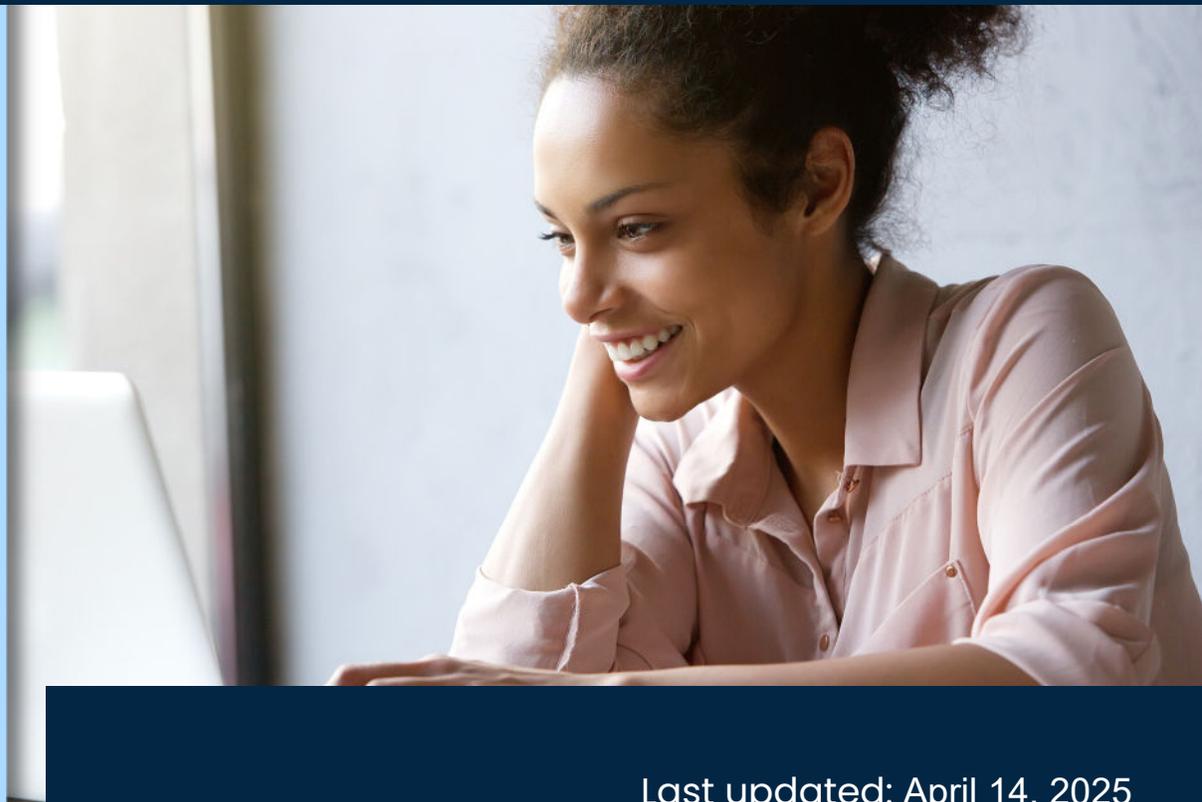


QRG

Quick Reference Guide (19 Steps)

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

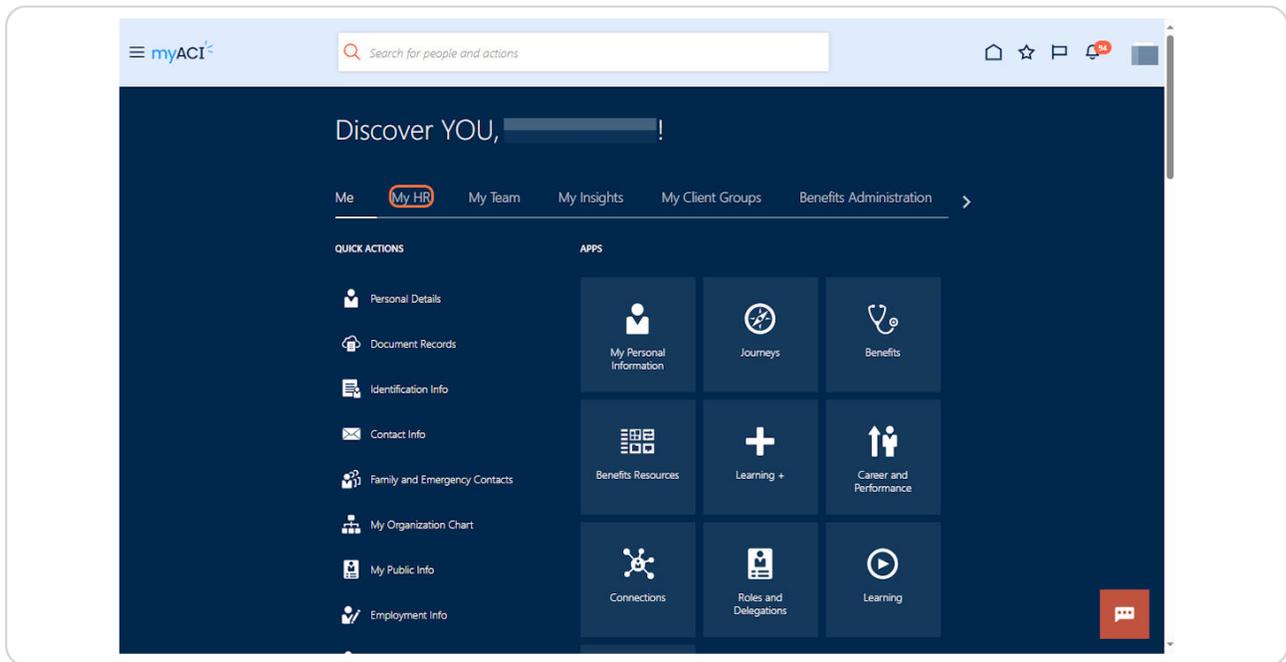
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: April 14, 2025

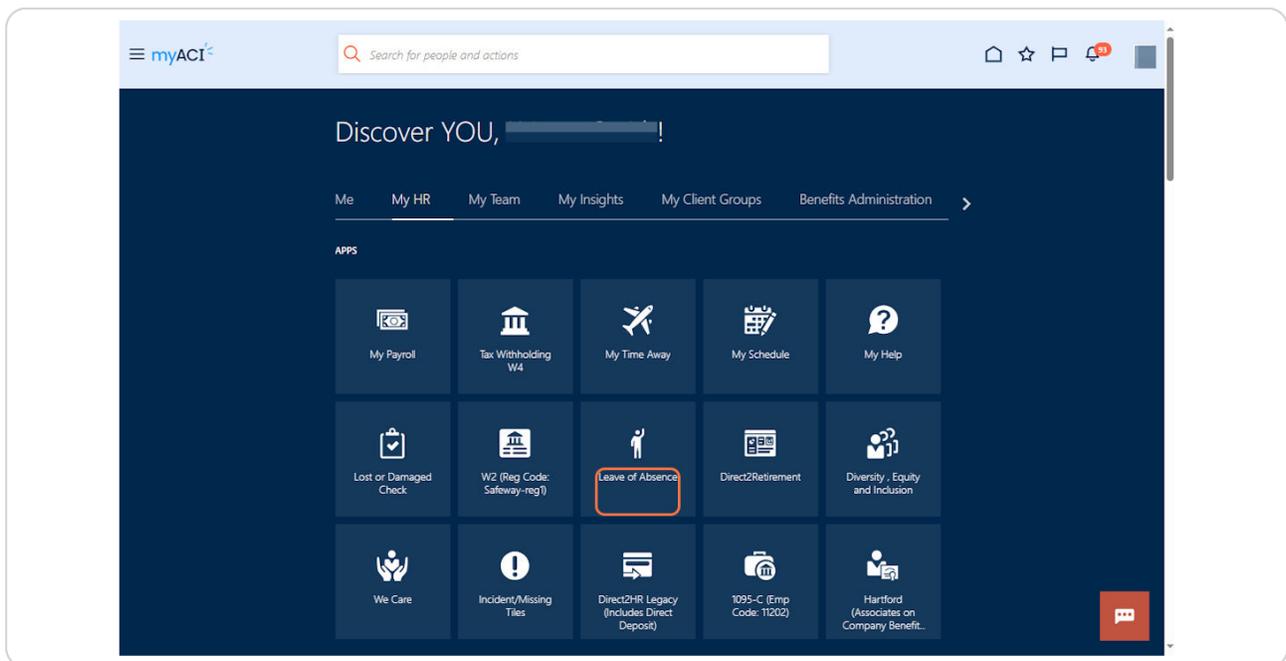
STEP 1

Sign in to myACI then click on My HR.



STEP 2

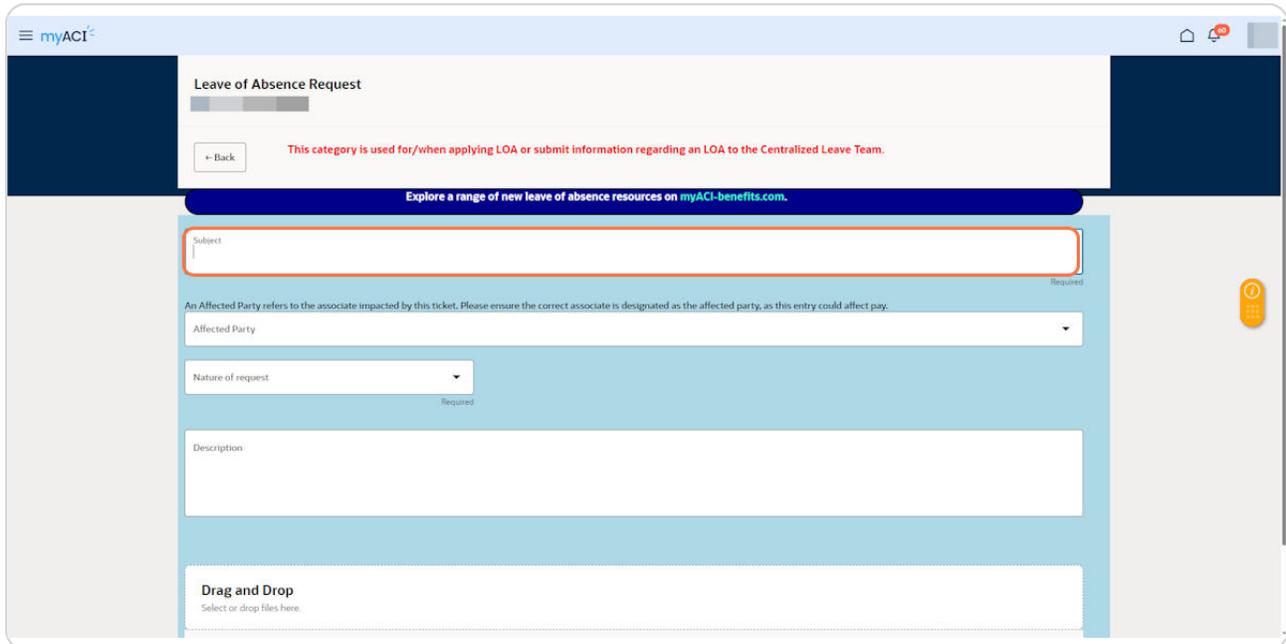
Click on Leave of Absence.



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." Below this is a blue banner with the text: "Explore a range of new leave of absence resources on myACI-benefits.com." The main form area is light blue and contains the following fields:

- Subject**: A text input field with a red border, highlighted by a red box. A "Required" label is to its right.
- Affected Party**: A dropdown menu with a downward arrow. A note above it reads: "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**: A dropdown menu with a downward arrow. A "Required" label is below it.
- Description**: A large text area for entering details.
- Drag and Drop**: A section for uploading files, with the text "Select or drop files here."

A yellow circular icon with a question mark is visible on the right side of the form.

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.

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 for creating a ticket. The form is divided into several sections. At the top is a 'Subject' text input field. Below it is a blue header 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 an 'Affected Party' text input field. The next section is a dropdown menu labeled 'Nature of request', which is highlighted with a red rectangular border. Below the dropdown is the word 'Required'. The final section is a large 'Description' text area.

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.

e 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

Enter 80 or fewer characters.

leave request?

? * ?

Continuous: Continuous Leave is a block of time absent from work for the entire duration on the leave (no
Intermittent: Intermittent Leave may be taken in separate blocks of time as short as one hour (still workin

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.

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
Apply for LOA

Contact Phone Number Required

What is the reason for your leave request?

- Adoption / Foster Care
- Bereavement
- Bonding
- Bone Marrow Donation
- Care of a Family Member
- Employees Own Illness or Injury
- Military Leave
- Organ Donation

Do you have any documentation supporting your request for LOA?

STEP 9

Select if you are needing a Continuous or Intermittent leave.

Continuous: Greater than 3 days of time away from work

Intermittent: A single time period of time needed

Nature of request
Apply for LOA

Contact Phone Number

What is the reason for your leave request?
Employees Own Illness or Injury

Continuous or Intermittent? ^{*} ?

Continuous

Intermittent

Supplement leave pay

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

Continuous: Continuous Leave is a block of time
Intermittent: Intermittent Leave may be taken i

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 for leave requests. At the top, it asks 'What is the reason for your leave request?' and 'Employees Own Illness or Injury' is selected. Below this is a dropdown menu for 'Continuous or Intermittent?' with 'Continuous' selected. To the right of this dropdown, there is explanatory text: 'Continuous: Continuous Leave is a block of time' and 'Intermittent: Intermittent Leave may be taken in'. Below that is another dropdown menu 'Were you injured on the job?' with 'NO' and 'YES' as options. This dropdown is highlighted with a red border. Below the 'Were you injured on the job?' dropdown, there is a line of text: 'short-term disability, contact your union trust for short-'. Further down, there is a section titled 'Pay Integration (Supplementing Your Leave Pay)' and a paragraph: 'You will be required to take action in the timekeeping system to ensure you are paid for any unpaid waiting period (up to fir' and 'Some associates may elect to use available paid time off, vacation, flexible time off, sick pay and/or personal days/floating'.

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) period¹, 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.

¹For 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.

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) period¹, 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](http://myaci-benefits.com)) for associates who work in a state with a state paid family/medical leave benefit.

¹For 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
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	Sick Time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Time	FTO	
<input type="checkbox"/>	<input type="checkbox"/>	

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

Required

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.

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) period¹, 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).

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Supplement leave pay
YES

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

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

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

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

Required

STEP 14

Enter the average hours the associate works in a week.

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.

¹For 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
YES

Type your full name (first last) to authorize pay integration.
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Time	FTO	
<input type="checkbox"/>	<input type="checkbox"/>	

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

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 text input field for authorization: "Type your full name (first last) to authorize pay integrat..." with a "Required" label. Below this is a section titled "Select the types of paid benefits you would like to integrate (check all that apply):". It contains six toggle switches: "Floating Holidays", "Vacation Time", "PTO", "FTO", "Sick Time", and "Sick Time". The "Sick Time" toggle is currently turned on. Below the toggles is a text input field: "On average, how many hours do you work in a week?". This is followed by three date pickers: "What is your expected LOA start date?", "What was your last working day?", and "What is your expected return to Work Date?". Each date picker has a "Required" label. Below these is a dropdown menu: "How would you like to receive your LOA packet". This is followed by another dropdown menu: "Do you have any documentation supporting your request for LOA?". At the bottom, there is a large text area labeled "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.

The screenshot shows a web form for requesting a Leave of Absence (LOA). The form includes several sections:

- A text input field for "Type your full name (first last) to authorize pay integrat..." with a "Required" label.
- 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".
- A text input field for "On average, how many hours do you work in a week?".
- Three date input fields: "What is your expected LOA start date", "What was your last working day? *", and "What is your expected return to Work Date?".
- A dropdown menu for "How would you like to receive your LOA packet".
- A dropdown menu for "Do you have any documentation supporting your request for LOA?".
- A red-bordered box highlights the "NO" and "YES" options in the dropdown menu.
- A red footer note: "Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments".

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? 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?
YES

Please attach any supporting documentation you have.

Description

Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments

Drag and Drop
Select or drop files here.

File Name

File Size

No data to display

STEP 18

If you answered "Yes" in Step 16, Drag and Drop any documents in this section

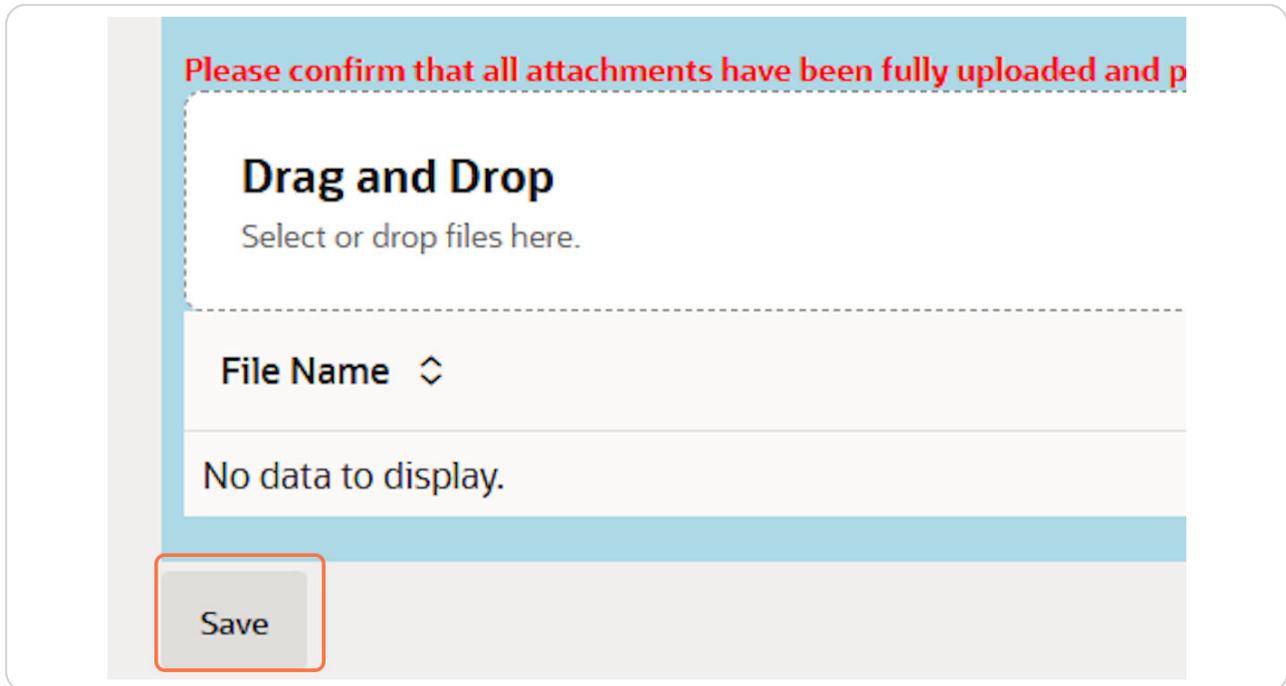
NOTE: Documents must be in PDF or JPEG format no larger than 10MB.

The screenshot shows a web form with a light blue background. At the top, there are three date input fields, each with a calendar icon and a "Required" label: "What is your expected LOA start date", "What was your last working day? * ?" (with a question mark icon), 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". A radio button is selected for "Do you have any documentation supporting your request for LOA?" with the value "YES". A text area is labeled "Please attach any supporting documentation you have." and contains a "Description" field. Below this is a red-bordered box with the text "Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments." Underneath is a "Drag and Drop" section with the text "Select or drop files here." and two columns for "File Name" and "File Size", both with dropdown arrows. The text "No data to display." is shown below the columns. A "Save" button is at the bottom left.

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 interface. At the top, a red message reads: "Please confirm that all attachments have been fully uploaded and p". Below this is a "Drag and Drop" section with the text "Select or drop files here." and a dashed border. Underneath is a "File Name" dropdown menu with a diamond icon, which currently displays "No data to display." At the bottom left of the form, a "Save" button is highlighted with a red rectangular border.