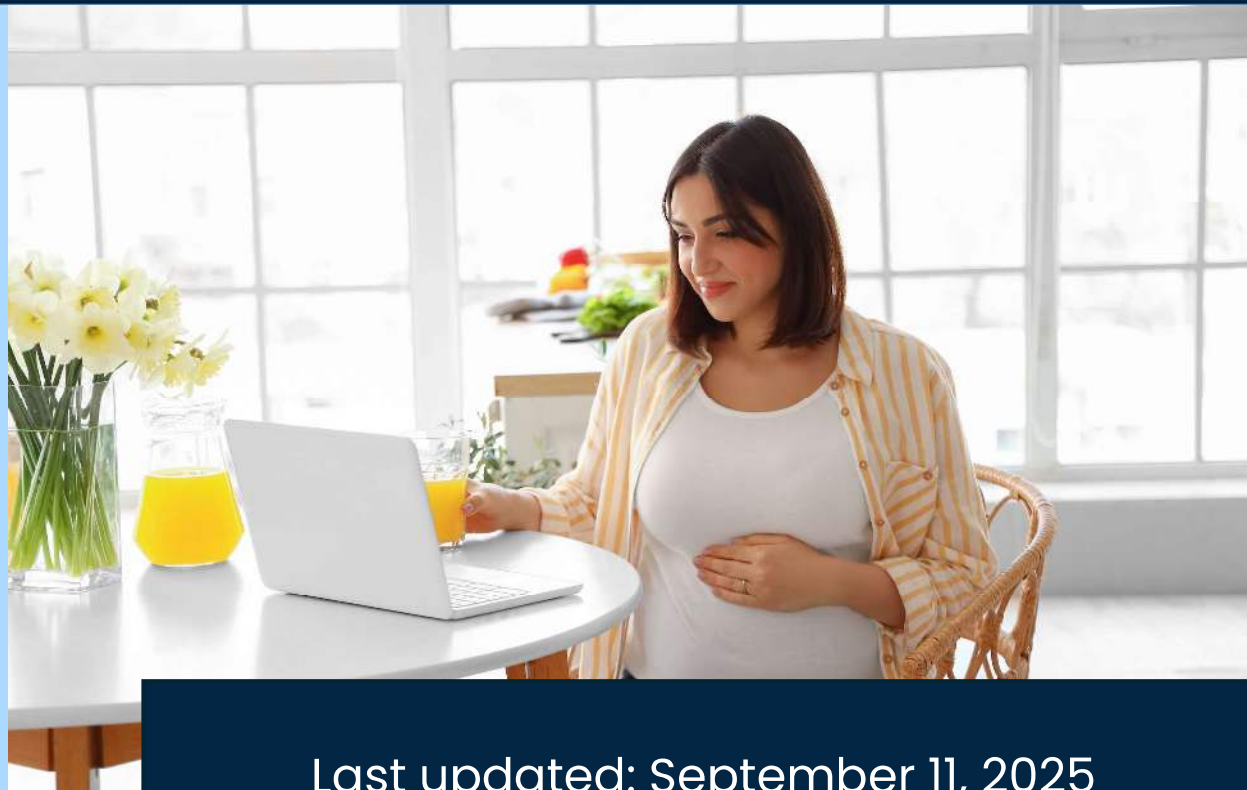


QRG

Quick Reference Guide (1-22 Steps)

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

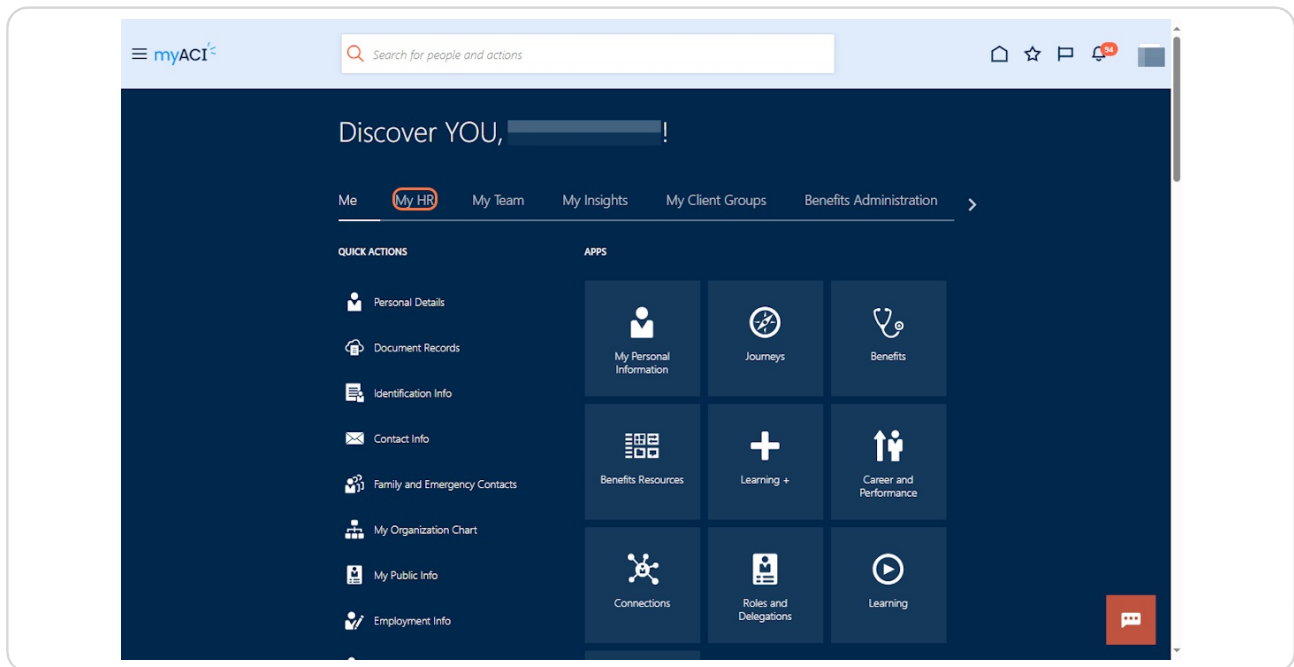
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: September 11, 2025

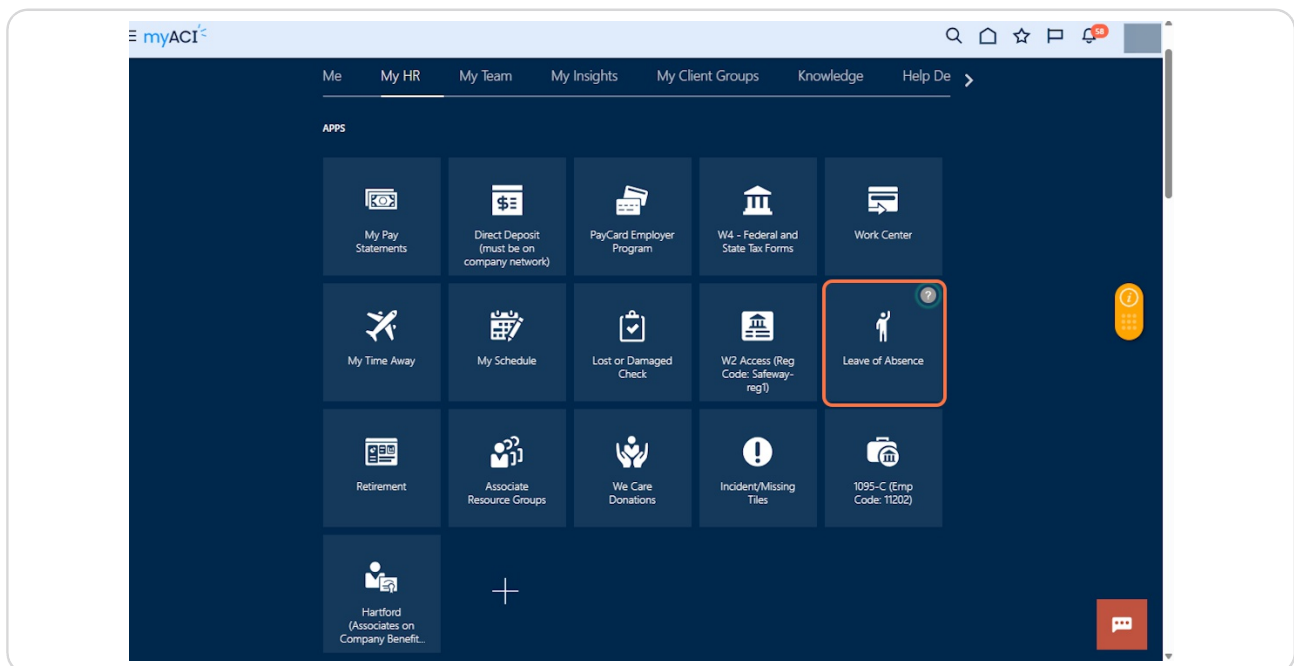
STEP 1

Sign in to myACI then click on My HR.



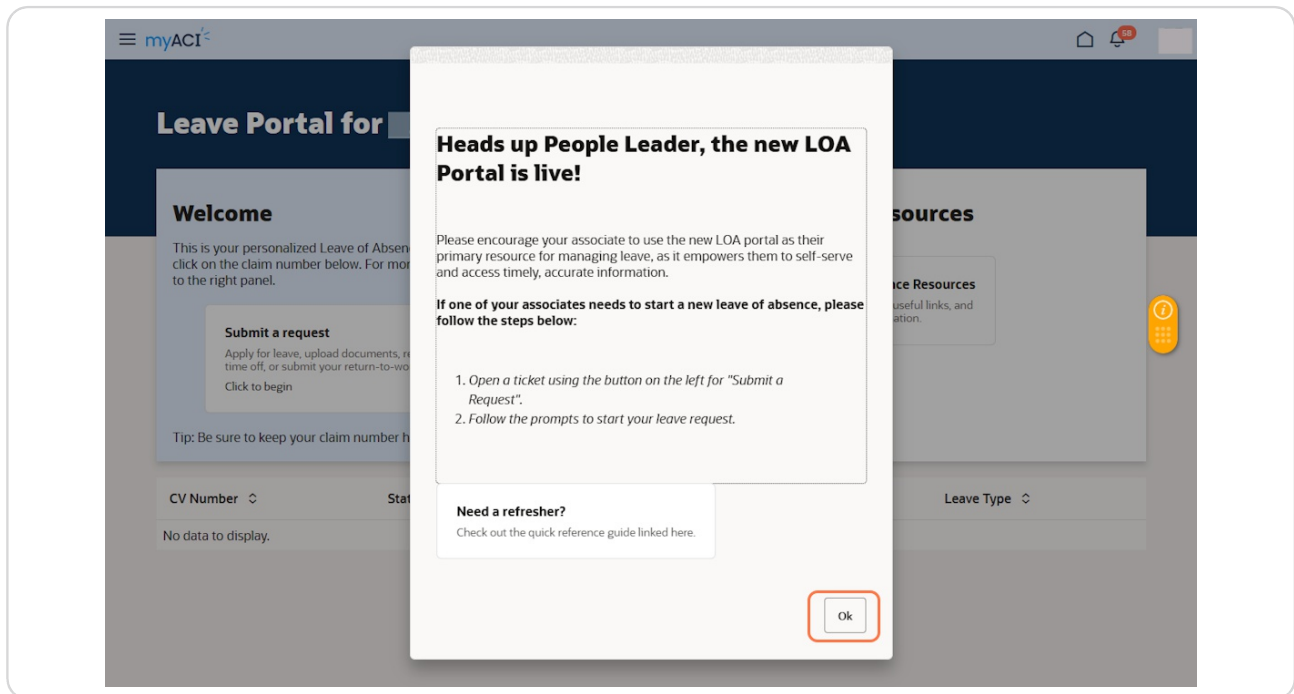
STEP 2

Click on Leave of Absence



STEP 3

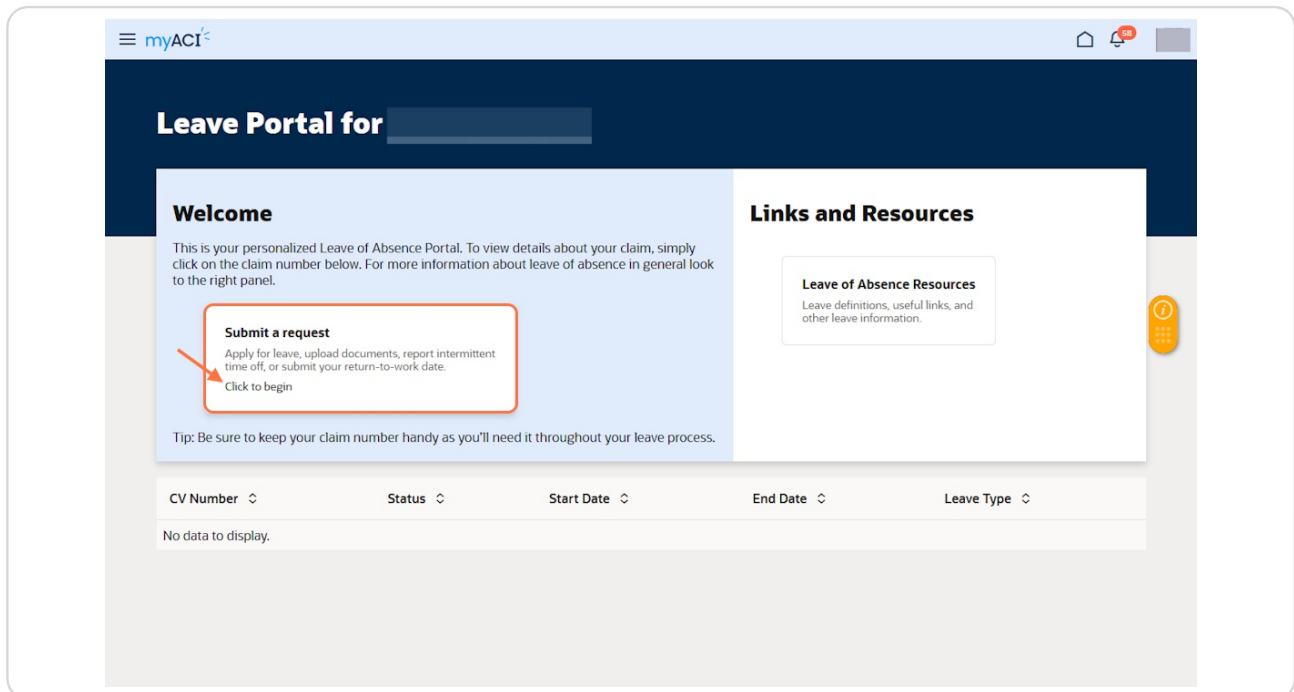
If you are an HR/People Manager Applying for LOA on behalf of an Associate, click OK to continue. If you are an Associate Applying for LOA for yourself, skip to step 4.



STEP 4

Click on "Click to begin" to navigate to submit a request.

** To learn more about Leave of Absence, click on the "Links and Resources" button to explore the available information.



STEP 5

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 with four segments, the first of which is filled. A "← Back" button is on the left, and 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 as follows:

- Subject:** A text input field with a red border and a "Required" label to its right.
- Affected Party:** A dropdown menu with a note above it: "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 "Required" label to its right.
- Description:** A large text area.
- Drag and Drop:** A section 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 6

In the Affected Party, enter the Employee ID (EID) of the associate who is taking 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.

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 7

Select Leave of Absence from request category.

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 with three segments, the second of which is highlighted. A "Back" button is on the left, and 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, 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, highlighted with a red border, required), and "Description" (text input). At the bottom is a "Drag and Drop" section with the text "Select or drop files here." A yellow circular icon with a clock and the number 15 is on the right side of the form.

myACI

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

Nature of request

Required

Description

Drag and Drop

Select or drop files here.

STEP 8

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.

myACI

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

Nature of request

- Apply for LOA
- Update Existing LOA
- Report intermittent leave time off
- Return from LOA
- Submit supporting Document
- Call Center Inquiry
- Select or drop files here

STEP 9

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 10

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

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

Care of a Family Member – 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

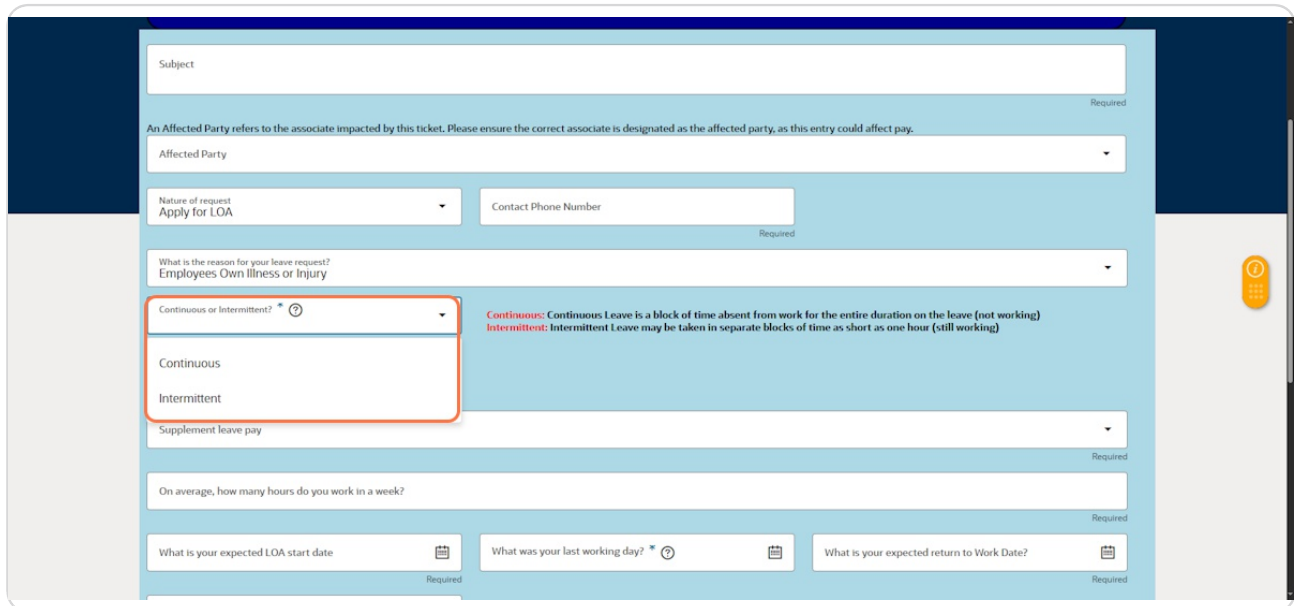
Do you have any documentation supporting your request for LOA?

STEP 11

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



The screenshot shows a web form for requesting leave. The form includes several required fields: 'Subject', 'Affected Party', 'Nature of request' (set to 'Apply for LOA'), 'Contact Phone Number', 'What is the reason for your leave request?' (set to 'Employees Own illness or injury'), 'Continuous or Intermittent?', 'Supplement leave pay', 'On average, how many hours do you work in a week?', 'What is your expected LOA start date', 'What was your last working day?', and 'What is your expected return to Work Date?'. The 'Continuous or Intermittent?' dropdown menu is open, showing 'Continuous' and 'Intermittent' options. A red box highlights this dropdown. To the right of the dropdown, there is explanatory text: 'Continuous: Continuous Leave is a block of time absent from work for the entire duration on the leave (not working)' and 'Intermittent: Intermittent Leave may be taken in separate blocks of time as short as one hour (still working)'. A yellow information icon is visible on the right side of the form.

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

Nature of request
Apply for LOA

Contact Phone Number

Required

What is the reason for your leave request?
Employees Own illness or injury

Continuous or Intermittent? * ⓘ

Continuous

Intermittent

Supplement leave pay

Required

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

Continuous: Continuous Leave is a block of time absent from work for the entire duration on the leave (not working)
Intermittent: Intermittent Leave may be taken in separate blocks of time as short as one hour (still working)

STEP 12

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 requesting leave. The title is "What is the reason for your leave request? Employees Own Illness or Injury". 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 the first dropdown is another dropdown menu for "Were you injured on the job?" with "NO" and "YES" as options. This second dropdown is highlighted with a red border. Below the "Were you injured on the job?" dropdown, there is a section titled "Pay Integration (Supplementing Your Leave Pay)" which contains text about using paid time off, vacation, flexible time off, sick pay, and personal days/floating days. The form is set against a light blue background with a grey sidebar on the left.

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

Continuous or Intermittent? * ?
Continuous

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

Were you injured on the job?

NO
YES

short-term disability, contact your union trust for short-

You will be required to take action in the timekeeping system to ensure you are paid for any unpaid waiting period (up to fir

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 days as all of their leave. Pay integration will ensure your LTD pay drops to 60%

STEP 13

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 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?

STEP 14

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.
Enter 80 or fewer characters.

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

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

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

Required

STEP 15

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).

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.

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 16

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 17

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 a leave request. At the top, there is a text input field for "Type your full name (first last) to authorize ..." with a "Required" label below it. Below this is a section titled "Select the types of paid benefits you would like to integrate (check all that apply):". This section contains five checkboxes: "Floating Holidays", "PTO", "Sick Time", "Vacation Time", and "FTO". All checkboxes are currently unchecked. Below the checkboxes is a text input field for "On average, how many hours do you work in a week?" with the value "40" entered. To the right of this field is a yellow help icon. Below this are three date input fields: "What is your expected LOA start date", "What was your last working d...", and "What is your expected return to Wo...". Each date field has a calendar icon and a "Required" label. Below the date fields is a dropdown menu for "How would you like to receive your ..." with a "Required" label. Below the dropdown is another dropdown menu for "Do you have any documentation supporting your request for LOA?". At the bottom is a large text area labeled "Description".

STEP 18

Select How would you like to receive your LOA packet

Note: If select Email, you will receive this notification:

We have updated our communication process to offer a quick and environmentally friendly option for receiving LOA documents electronically. By selecting Email, you acknowledge and provide sign-off to receive these documents electronically instead of by mail for the duration of your claim. To ensure accurate delivery, you must review and confirm that your home [Contact-Info](#) address housed in your "My personal information" on the "Me" tab is correct.

The screenshot shows a web form with a light blue header and footer. The main content area is white. At the top, there is a text input field with the label "On average, how many hours do you work in a week?" and the value "40". Below this, there are two side-by-side fields. The left field is labeled "What is your expected LOA start date" and has a calendar icon. The right field is labeled "What was your last working day? * ?". Below the left field, there is a dropdown menu labeled "How would you like to receive your LOA packet". The dropdown is open, showing two options: "Email" and "Physical Mail". Below the dropdown, there is a section labeled "Description" with a text input field. The word "Required" is written below the "What is your expected LOA start date" field. The word "LOA?" is partially visible on the right side of the form.

STEP 19

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 8MB.

The screenshot shows a web form for requesting a Leave of Absence (LOA). The form is titled "Type your full name (first last) to authorize pay integrat..." and is marked as "Required". Below this, there is a section for "Select the types of paid benefits you would like to integrate (check all that apply):". This section includes five toggle switches: "Floating Holidays", "Vacation Time", "PTO", "FTO", and "Sick Time". All switches are currently turned off. Below the benefits section, there is a text input field for "On average, how many hours do you work in a week?". Following this are 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 is marked as "Required". Below the date pickers is a dropdown menu for "How would you like to receive your LOA packet". Below the dropdown menu is a text input field for "Do you have any documentation supporting your request for LOA?". This field has a dropdown arrow on the right. Below the text input field are two radio buttons: "NO" and "YES". The "YES" radio button is selected. At the bottom of the form, there is a red text warning: "Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments".

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

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?

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?

NO ☐

YES ☒

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 20

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

The screenshot shows a web form for a leave of absence request. At the top, there are two toggle switches. Below them is a text input field with the label "On average, how many hours do you work in a week?". To the right of this field is a "Required" label. Below this are three date input fields: "What is your expected LOA start date", "What was your last working day? * ?" (with a calendar icon), and "What is your expected return to Work Date?". Each of these three fields has a "Required" label to its right. Below the date fields is a dropdown menu labeled "How would you like to receive your LOA packet". Below that is a text input field with the label "Do you have any documentation supporting your request for LOA?" and the text "YES" entered. To the right of this field is a dropdown arrow and a yellow information icon. Below this is a section titled "Please attach any supporting documentation you have." followed by a large text area labeled "Description" with a red border. Below the description box is a red warning message: "Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments". Below the warning is a "Drag and Drop" section with the text "Select or drop files here." and a table with columns "File Name" and "File Size", both with dropdown arrows. The table currently shows "No data to display".

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 21

If you answered "Yes" in Step 19, Drag and Drop any documents in this section

NOTE: Documents must be in PDF or JPEG format no larger than 8MB.

Important: Wait for the document to fully upload before moving to the next step.

The screenshot shows a web form with a light blue header and a white body. The form contains several input fields and a large text area. At the top, there are three date pickers: "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?". Each date picker has a calendar icon and is marked as "Required". Below these is a dropdown menu for "How would you like to receive your LOA packet". Further down is a dropdown menu for "Do you have any documentation supporting your request for LOA?" with the option "YES" selected. Below this is a text area for "Please attach any supporting documentation you have." with a "Description" label. At the bottom, there is a "Drag and Drop" section with a "Select or drop files here." prompt. Below this is a table with columns "File Name" and "File Size", both with dropdown arrows. The table currently shows "No data to display." At the very bottom is a "Save" button.

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 unloaded 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.

Save

STEP 22

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.

Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Or

Drag and Drop
Select or drop files here.

File Name ↕	File Si
No data to display.	

Save