

QRG

Quick Reference Guide (1-20 Steps)

How to Process Return from Leave of Absence

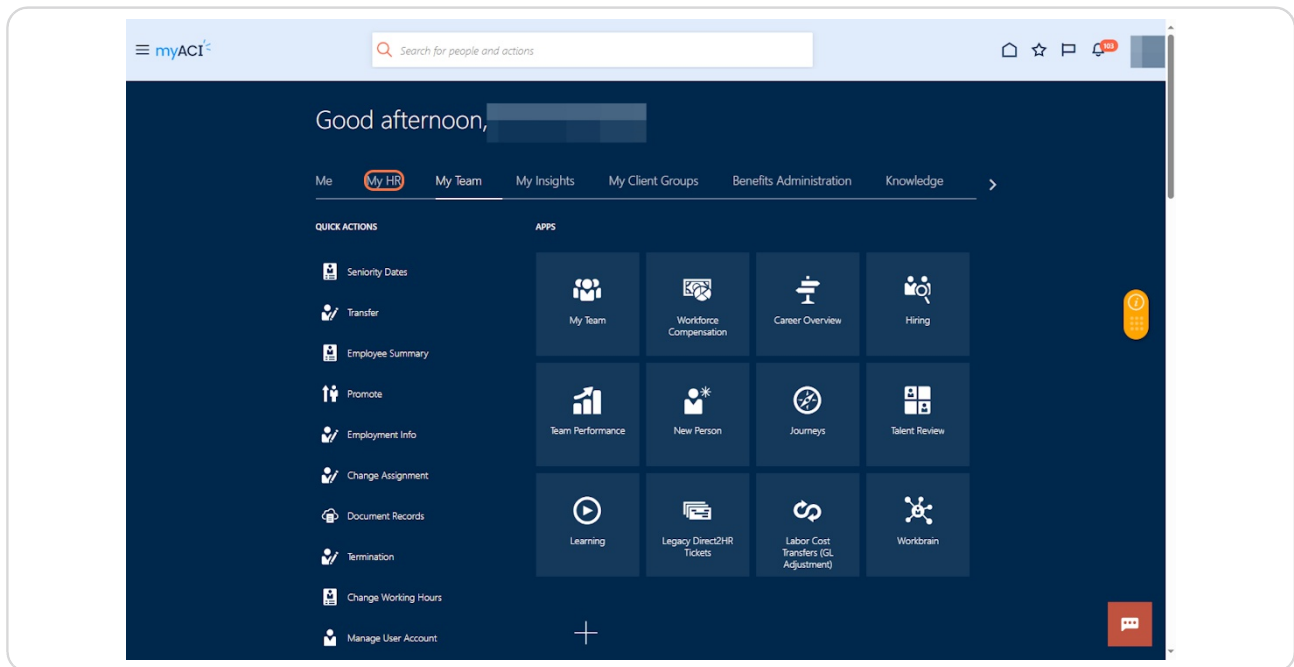
This QRG is for managers, HR representatives and associates on how to submit a Return from Leave of absence (LOA) request.



Last updated: September 11, 2025

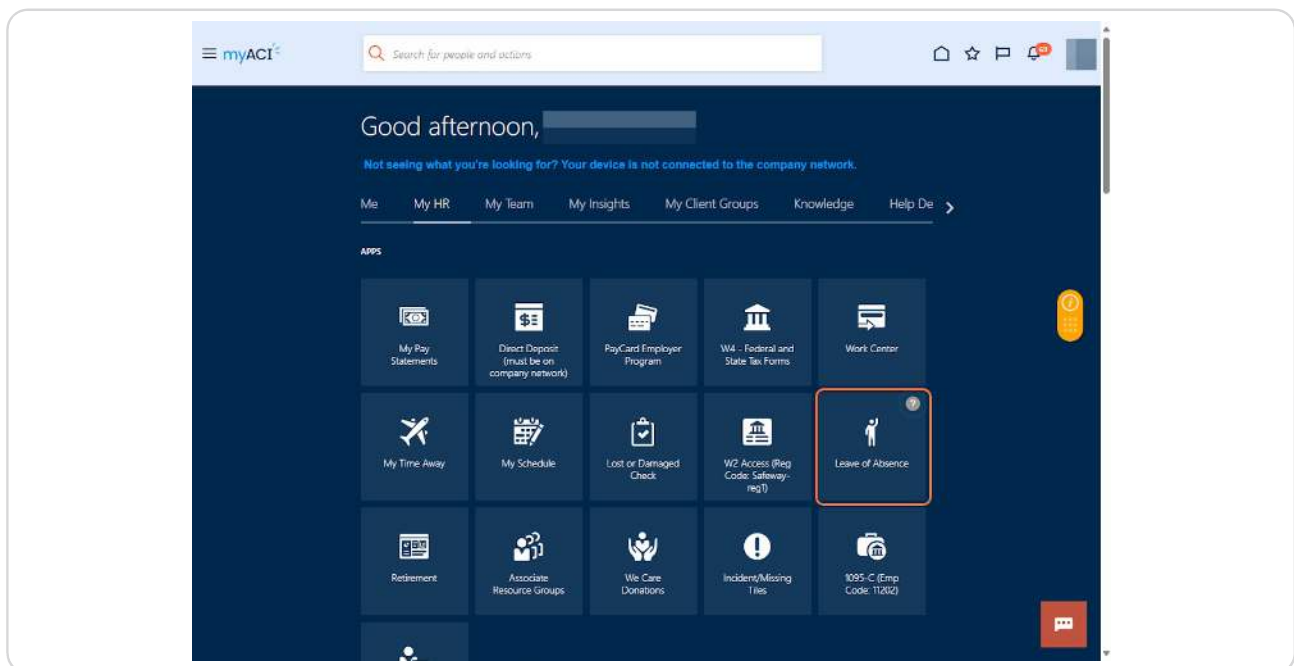
STEP 1

Sign in to myACI then click on My HR.



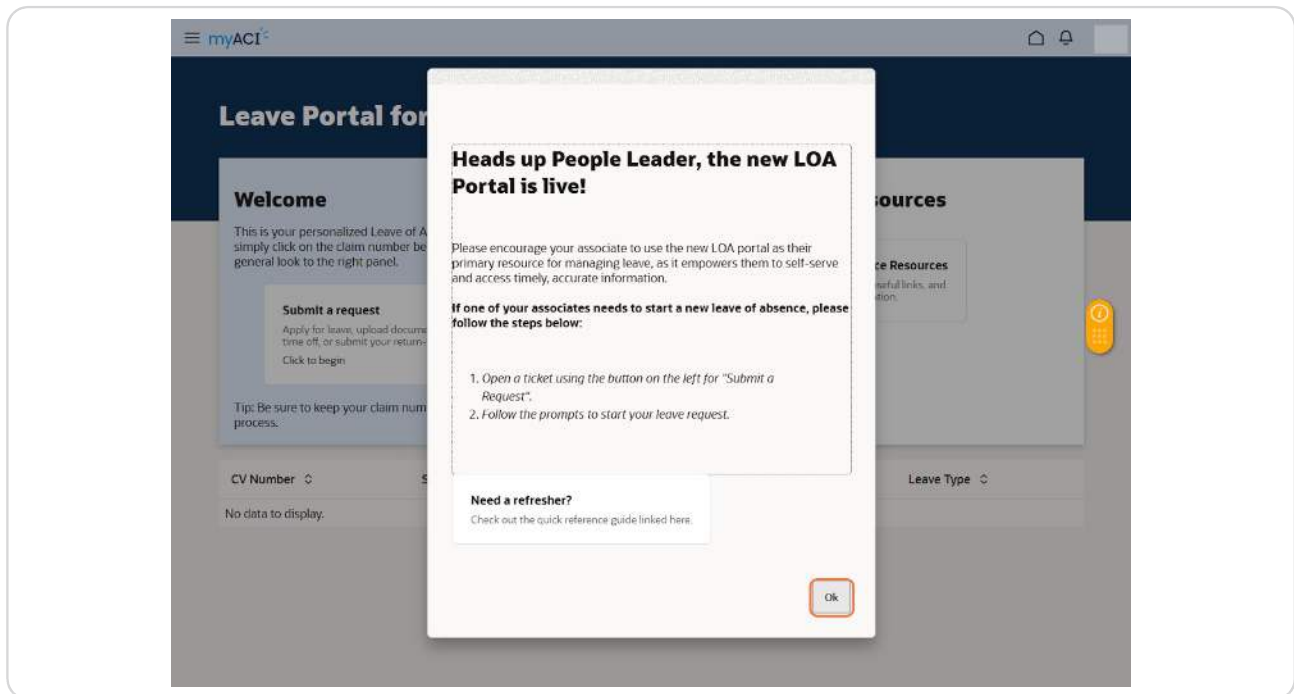
STEP 2

Click on Leave of Absence



STEP 3

If you are an HR/People Manager Returning an Associate from a Leave of Absence, click OK to continue. If you are an Associate Returning from a Leave of Absence, skip to step 4.



STEP 4

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

Associates: Be sure to copy your CV Number for the corresponding claim you are returning leave from, as you will need it when submitting your ticket.

HR/People Manager: Be sure to have the CV Number for the associates claim you are submitting the return from leave for, as you will need it when submitting your ticket.

The screenshot shows a web portal titled "Leave Portal for [redacted]". The interface is divided into two main sections: "Welcome" and "Links and Resources".

Welcome Section:

- Text: "This is your personalized Leave of Absence Portal. To view details about your claim, simply click on the claim number below. For more information about leave of absence in general look to the right panel."
- Submit a request** (highlighted with a red border):
 - Apply for leave, upload documents, report intermittent time off, or submit your return-to-work date.
 - Click to begin
- Tip: Be sure to keep your claim number handy as you'll need it throughout your leave process.

Links and Resources Section:

- Leave of Absence Resources**: Leave definitions, useful links, and other leave information.

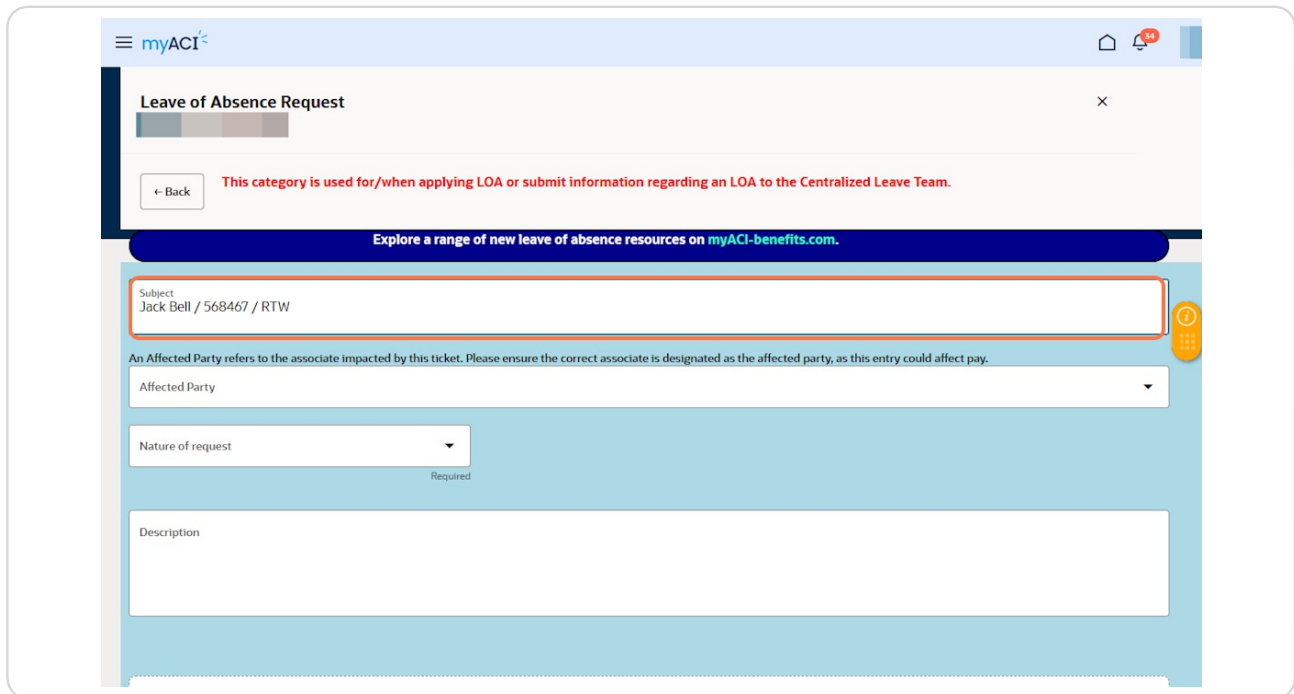
Table of Claims:

CV Number	Status	Start Date	End Date	Leave Type
AC-25-368994	Approved	2025-06-11	2025-08-24	Continuous
AC-25-368993	Approved	2025-07-08	2026-07-07	Intermittent

STEP 5

Enter the subject for the leave request.

Example subject: "Jack Bell / 568467 / RTW"

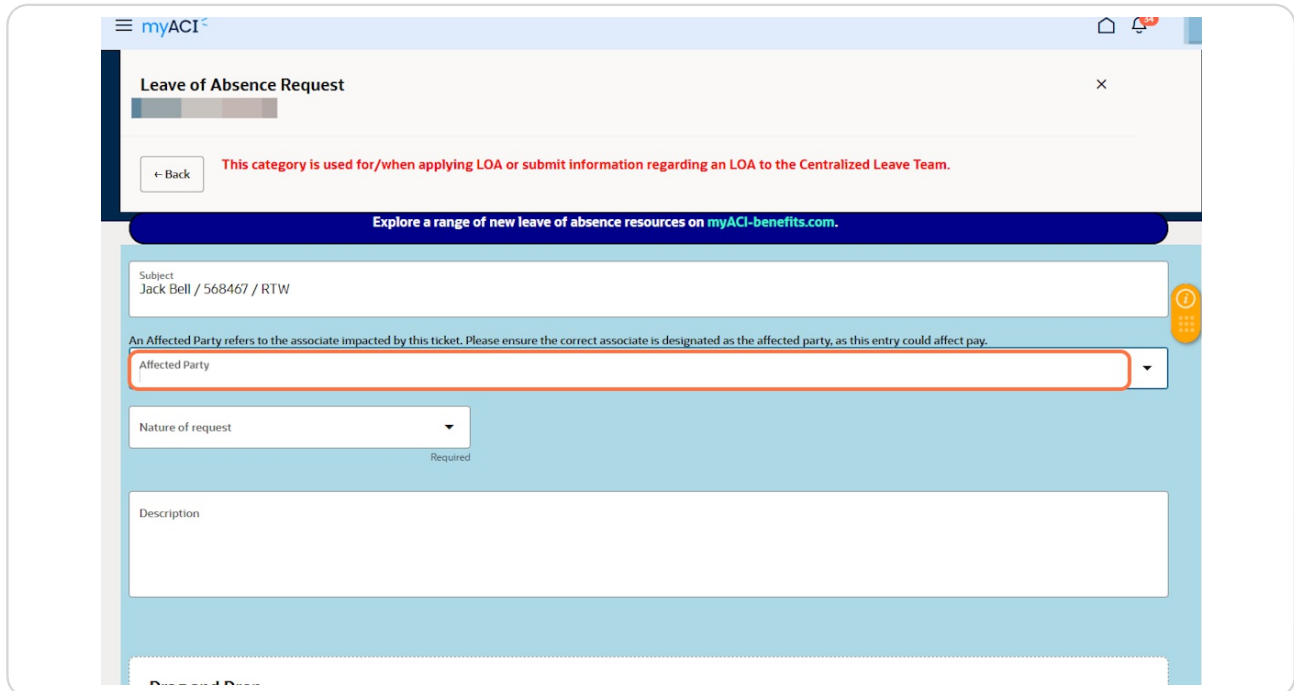


The screenshot shows the 'myACI' web interface for a 'Leave of Absence Request'. The form is titled 'Leave of Absence Request' and includes a 'Back' button. A red message states: 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' Below this is a blue banner with the text: 'Explore a range of new leave of absence resources on [myACI-benefits.com](#).' The 'Subject' field is highlighted with a red border and contains the text 'Jack Bell / 568467 / RTW'. Below the subject field is 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.' The 'Affected Party' field is a dropdown menu. Below this is the 'Nature of request' dropdown menu, which is marked as 'Required'. At the bottom is a large text area for the 'Description'.

STEP 6

In the Affected Party, enter the Employee ID (EID) of the associate who the Return from Leave request is for.

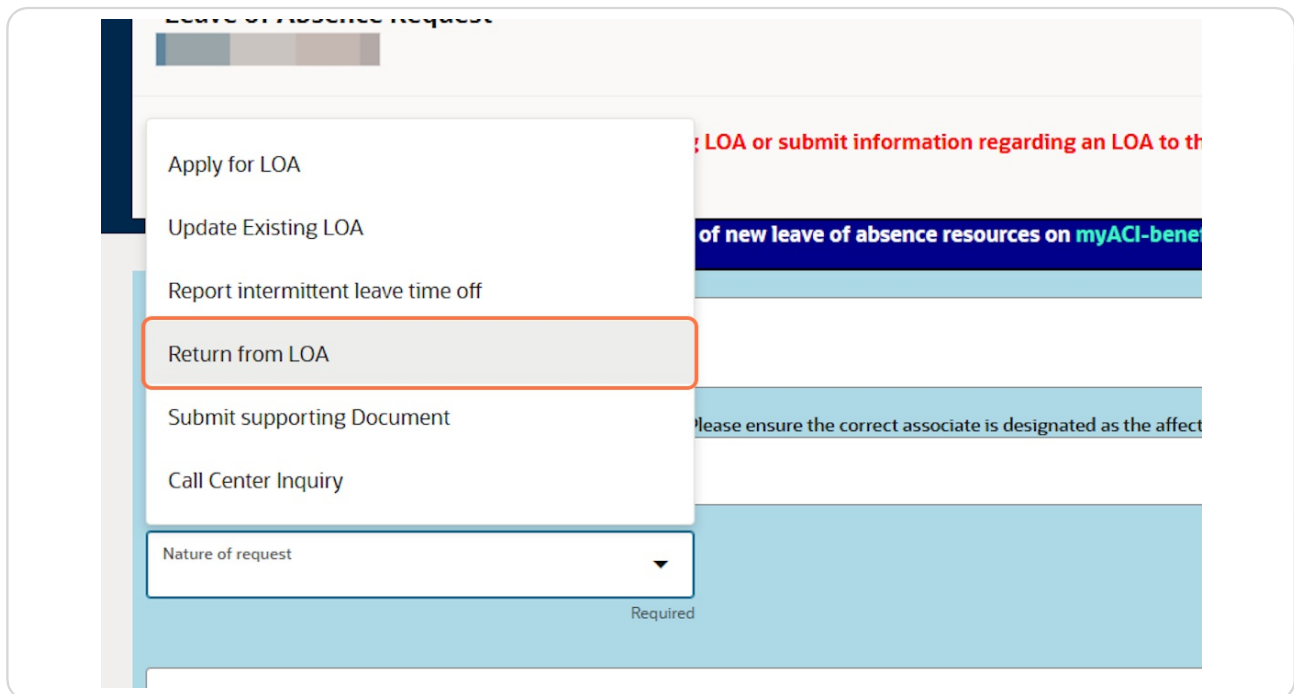
An Affected Party refers to the associate impacted by this ticket.



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, there is a navigation bar with a "Back" button and a red message: "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 has a light blue background. It contains a "Subject" field with the text "Jack Bell / 568467 / RTW". Below the subject field is 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." The "Affected Party" field is a dropdown menu with a red border. Below this is a "Nature of request" dropdown menu with a "Required" label. At the bottom is a "Description" text area.

STEP 7

Select "Return from LOA" from request category.



The screenshot shows a web form titled "Leave of Absence Request". A dropdown menu is open, displaying the following options:

- Apply for LOA
- Update Existing LOA
- Report intermittent leave time off
- Return from LOA** (highlighted with an orange border)
- Submit supporting Document
- Call Center Inquiry

Below the dropdown menu, the text "Nature of request" is visible, followed by a downward arrow icon. The word "Required" is displayed below the dropdown menu.

STEP 8

For "What is the leave reason you're returning from", select the correct return from leave reason.

****NOTE:** If returning from a medical Own Illness or Injury, skip to step 13

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

Check for new leave of absence resources on myACI-benefits.com.

Please ensure the correct associate is designated as the affected party, as this entry could affect pay.

What is the leave reason you're returning from?

Required

ClaimVantage AC Number (Found on any LOA letter)

Required

Date employee returned from leave

Required

at you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If
o-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

STEP 9

Enter the leave of absence claim number. This can be found on the Associate Leave Portal page; letters sent from the Centralized Leave Team or in email notifications.

Example: AC-24-123456.

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

The screenshot shows a web form for submitting a leave of absence ticket. At the top, a blue banner reads "Explore a range of new leave of absence resources on [myACI-benefits.com](#)." Below this, the "Subject" field is populated with "Jack Bell / 568467 / RTW". A note states: "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 "Affected Party" field is empty. The "Nature of request" dropdown is set to "Return from LOA". A red warning message reads: "By submitting this return-from-leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return." The "What is the leave reason you're returning from?" dropdown is set to "Care of a Family Member". The "ClaimVantage AC Number (Found on any LOA letter)" field is highlighted with a red border and contains a red "X" icon. Below it, a small text says "Enter 12 or fewer characters." The "Date employee returned from leave" field has a calendar icon and is marked as "Required". A yellow information icon is on the right side of the form.

STEP 10

Select the date returned to work.

78910111213

14151617181920

21222324252627

282930

Knowledge that you have returned to work on the date entered. See the return-to-work date entered is accurate. Return-to-work date

Date employee returned from leave

Required

Description

STEP 11

Use the detailed description box to enter any additional information about the return from leave request.

Explore a range of new leave of absence resources on myACI-benefits.com.

Subject
Jack Bell / 568467 / RTW

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
Return from LOA

By submitting this return-from-leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

What is the leave reason you're returning from?
Care of a Family Member

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

Date employee returned from leave
09/08/2025

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.

STEP 12

Click on **Save** in the lower left corner of the screen to save and submit the return from leave request.

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

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.	

Save

STEP 13

For "What is the leave reason you're returning from", select **Employees Own Illness or Injury** as reason returning from leave.

NOTE: These steps below are for Employees Own Illness or Injury claims

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

Adoption/Foster Care

Bereavement

Bonding

Bone Marrow Donation

Care of a Family Member

Employees Own Illness or Injury

Military Leave

Organ Donation

What is the leave reason you're returning from?

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?

Claim/Vantage AC Number (Found on any LOA letter)
AC-24-123456

Required

STEP 14

Select **"YES or NO"** to the question **"Has a return-to-work form been submitted to Centralized Leave Team (CLT)?"**

NOTE: A release form or note **MUST** be submitted to the CLT when returning from Employee Own Illness or Injury leave.

Explore a range of new leave of absence resources on myACI-benefits.com.

Subject
Jack Bell / 568467 / RTW

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
Return from LOA

By submitting this return-from-leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

What is the leave reason you're returning from?
Employees Own Illness or Injury

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?

Yes

No

Claim/Vantage AC Number (Found on any LOA letter)
AC-24-123456

Date employee returned from leave

STEP 15

If answered YES in step 14, then select "YES or NO" to the question "Does the form indicate any work restrictions or limitations?"

Some examples but not limited to: No lifting over 15 pounds, no prolonged standing, no use of right hand, need to sit for 5 minutes every two hours.

Explore a range of new leave of absence resources on myACI-benefits.com.

Subject
Jack Bell / 568467 / RTW

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
Return from LOA

By submitting this return-from leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

What is the leave reason you're returning from?
Employees Own Illness or Injury

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?
Yes

Does the form indicate any work restrictions or limitations?

Yes

No

prolonged standing, no use of right hand, need to sit for 5 minutes every two hours).

STEP 16

Enter the leave of absence claim number. This can be found on the Associate Leave Portal page; letters sent from the Centralized Leave Team or in email notifications.

Example: AC-24-123456.

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

Explore a range of new leave of absence resources on [myACI-benefits.com](#).

Subject
Jack Bell / 568467 / RTW

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
Return from LOA

By submitting this return-from-leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

What is the leave reason you're returning from?
Employees Own Illness or Injury

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?
Yes

Does the form indicate any work restrictions or limitations?
Yes

(Some examples but not limited to: No lifting over 15 pounds, no prolonged standing, no use of right hand, need to sit for 5 minutes every two hours).

Claim/Vantage AC Number (Found on any LOA letter)
AC-24-123456

Enter 12 or fewer characters.

Created with *Tango*

14 of 17

STEP 17

Select the date returned to work.

Explore a range of new leave of absence resources on myACI-benefits.com.

Subject
Jack Bell / 568467 / RTW

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

September 2025

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				

Knowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If the return-to-work date entered is accurate, Return-to-work dates may be submitted up to two days prior to the actual return.

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?
Yes

ounds, no prolonged standing, no use of right hand, need to sit for 5 minutes every two hours).

Date employee returned from leave
09/08/2025

Description

STEP 18

Use the detailed description box to enter any additional information about the return from leave request.

RETURN FROM LEAVE

By submitting this return-from-leave ticket, you acknowledge that you have returned to work on the date entered. Submitting false or inaccurate information may be subject to disciplinary actions. If you are submitting on behalf of an associate, ensure the return-to-work date entered is accurate. Return-to-work dates may be submitted up to two days prior to the actual return.

What is the leave reason you're returning from?
Employees Own Illness or Injury

Has a return-to-work form been submitted to Centralized Leave Team (CLT)?
Yes

Does the form indicate any work restrictions or limitations?
Yes

(Some examples but not limited to: No lifting over 15 pounds, no prolonged standing, no use of right hand, need to sit for 5 minutes every two hours).

Claim/Vantage AC Number (Found on any LOA letter)
AC-24-123456

Date employee returned from leave
09/08/2025

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.	

Save

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.

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
Return from LOA

Claim/Vantage AC Number (Found on any LOA letter)
AC-24-123456

Date employee returned from leave
03/13/2025

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.

Save

STEP 20

Click on Save in the lower left corner of the screen to save and submit the return from leave request.

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

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.

Save