

Quick Reference Guide (9 Steps) How to Submit Supporting Documentation for an Existing LOA

RG

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



Sign in to myACI then click on My HR.



STEP 2

Click on Leave of Absence.

Me My HR	My Team My	/ Insights My Cli	ent Groups Bene	efits Administration	Knowledge	`
APPS						
My Payroli	Tax Withholding W4	X My Time Away	My Schedule	? My Help	Lost or Damaged Check	
W2 (Reg Code: Safeway-reg1)	Leave of Absence	Direct2Retirement	Diversity , Equity and Inclusion	We Care	Incident/Missing Tiles	
Direct2HR Legacy (Includes Direct Denosit)	1095-C (Emp Code: 11202)	Hartford (Associates on Composery Renefit.	+			



Enter the subject for the leave request.

Example subject: "Sally Jones | 986645 | Documentation"

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Leave of Absence Request Kristen Smith - KSMI933	×
• 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.	
Sally Jones 986645 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	
Mequired	
Description	

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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.

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Leave of Absence Request	×
← Back This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Lea	ave Team.
Explore a range of new leave of absence resources on myACI-benefits.com.	
Subject Sally Jones 986645 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 ent	try could affect pay.
Affected Party	•
Nature of request Required	
Description	

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Select Submit supporting Document from request category.

Apply for LOA	
Update Existing LOA	
Report intermittent leave time off	
Return from LOA	
Submit supporting Document	
Call Center Inquiry	and processed before submitting the ticket. Otherwise,
Select or drop files here.	
File Name 🗘	File Size 🗘
No data to display.	

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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.

An Affected Party refers to the associate impacted by this	icket. Please ensure the correct associate is desig	nated as the affected party, as this entry co	uld affect pay.
Affected Party			•
Nature of request Submit supporting Document	•		
ClaimVantage AC Number (Found on any LOA letter) AC-24-123456			
Enter 12 or fewer characters.			
Description			
Please confirm that all attachments have been fully uplo	ided and processed before submitting the ticket	. Otherwise, it can cause issues when view	ng the attachments

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

Subject Sending in medical documentation"	
An Affected Party refers to the associate impacted by th	his 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) AC-24-123456	
Description	
Please confirm that all attachments have been fully up	ploaded 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 🗘

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Drag and Drop your documents in this section.

NOTE: Documents must be in PDF or JPEG format no larger than 10MB. Important: Ensure ALL documents have been uploaded before moving to next steps

Subject Sending in medical documentation"		
An Affected Party refers to the associate impacted by this ti	icket. 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) AC-24-123456		
Description		
Disco confirm that all attachments have been fully unless		
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Select or drop files here.	File Size 🗇	
Drag and Drop Select or drop files here. File Name No data to display.	File Size 🗘	
Drag and Drop Select or drop files here. File Name No data to display.	File Size 🗘	

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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.

Please con	firm that all attachments have been fully uploaded and j
Drag	and Drop
Select o	or drop files here.
File Na	me 🗘
No data	to display.

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