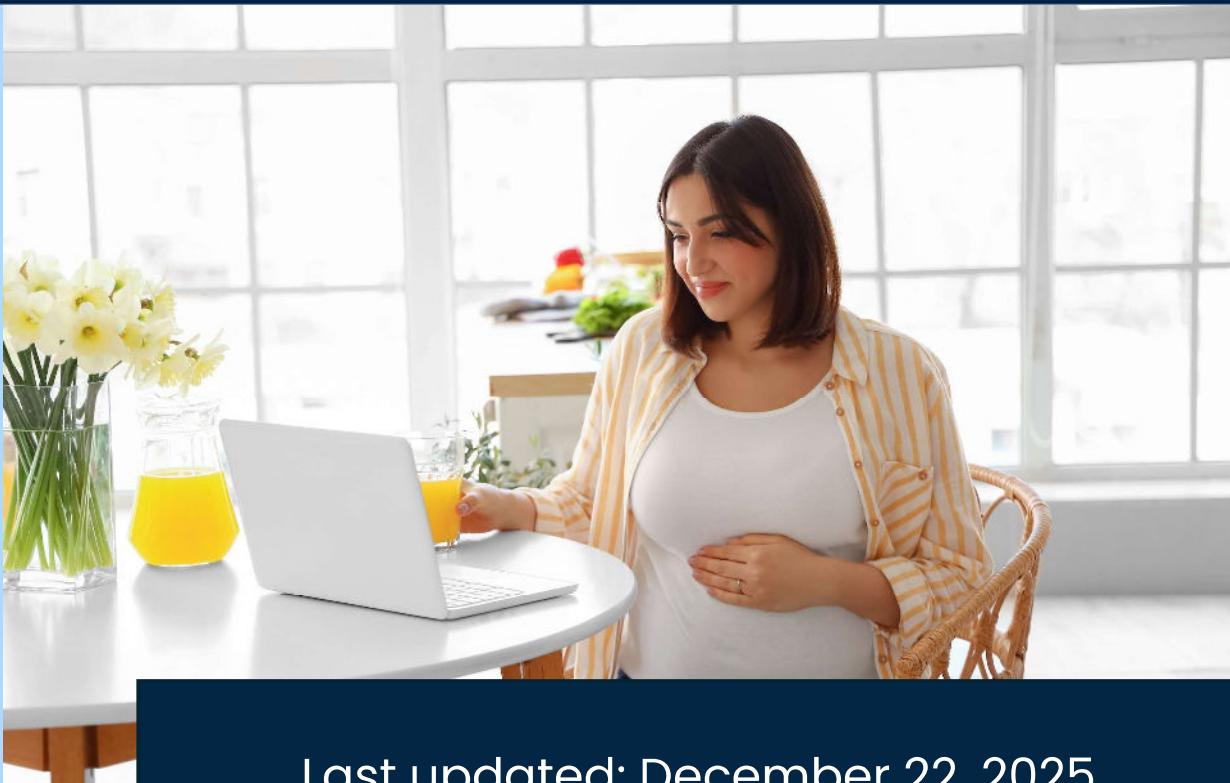


QRG

Quick Reference Guide (1-40 Steps)

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

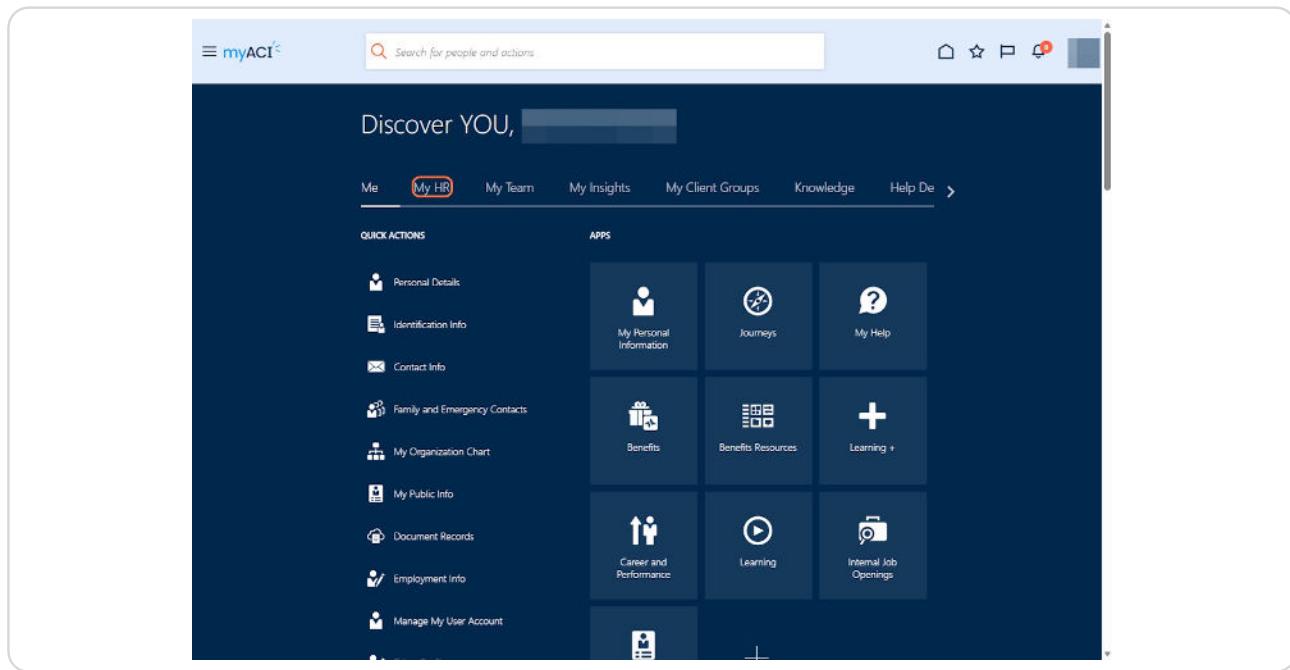
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also, for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: December 22, 2025

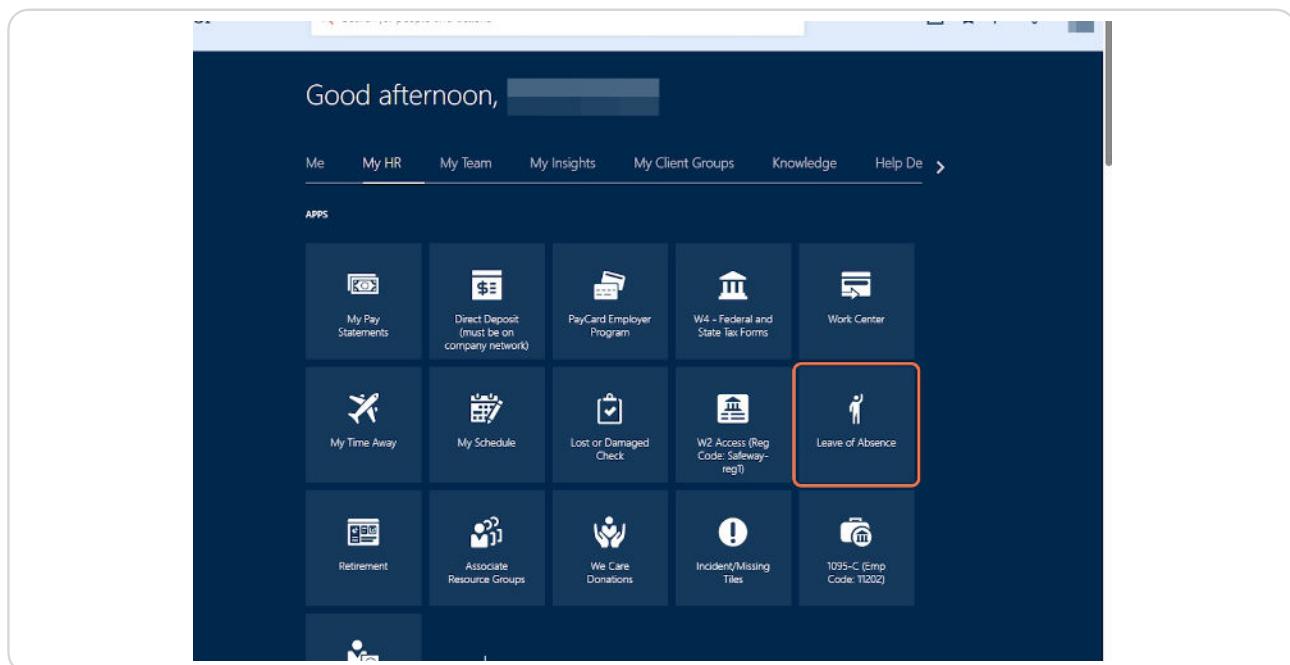
STEP 1

Sign into myACI then click on My HR.



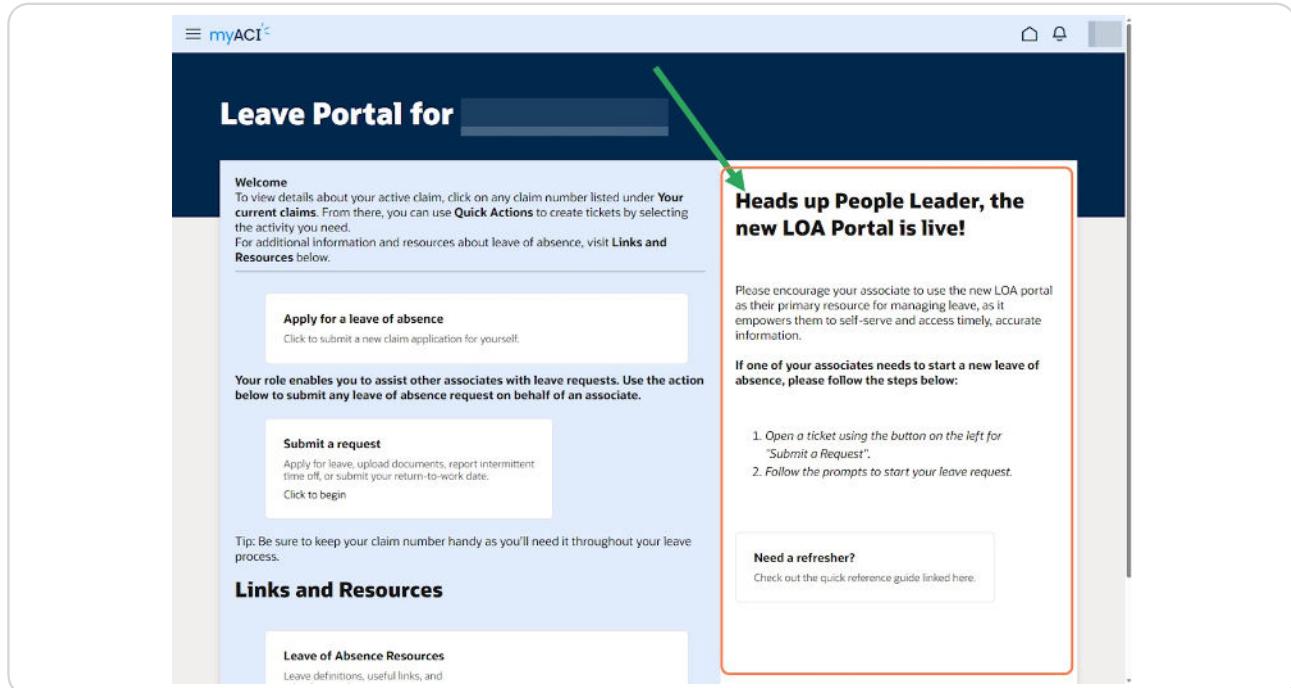
STEP 2

Click on Leave of Absence.



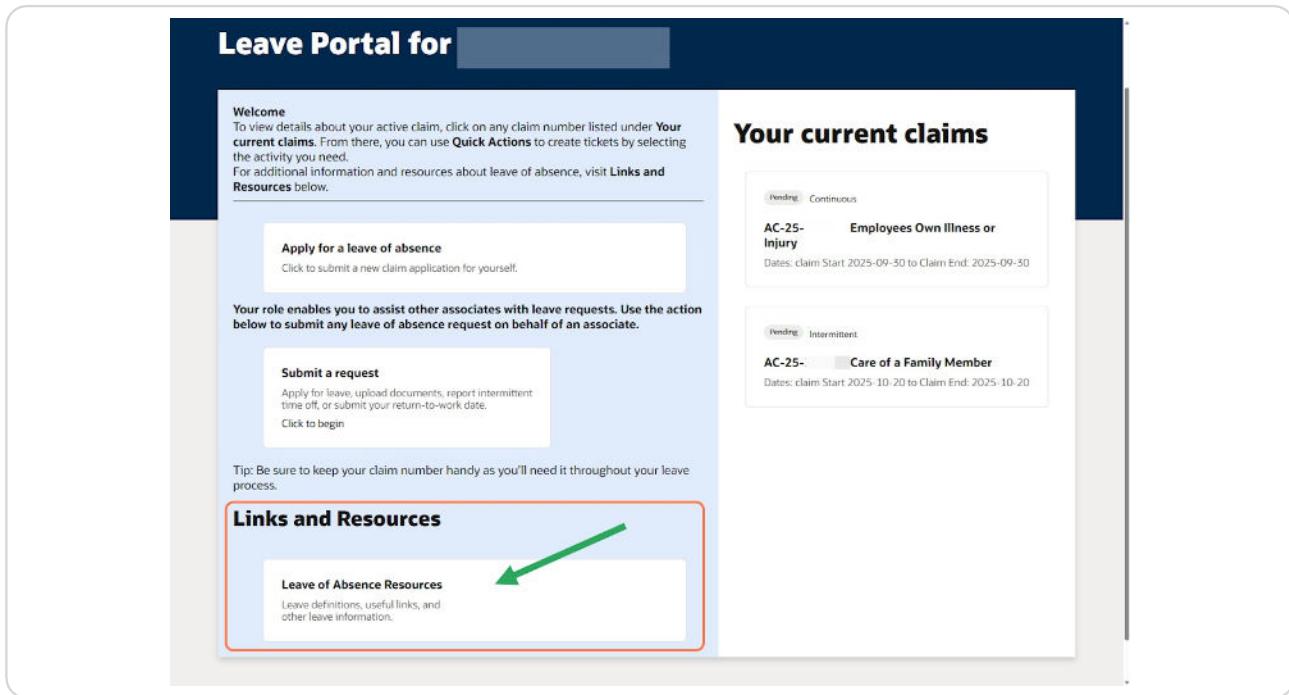
STEP 3

If you are an HR/People Leader, this section of the screen will appear for you. Associates will not see the "Heads up People Leader, the new LOA portal is live!" section on their view.



STEP 4

The "Links and Resources" section provides helpful information and guidance related to leave of absence. Click on the "Leave of Absence Resources button to learn more.



The screenshot shows the 'Leave Portal for [REDACTED]' interface. On the left, there's a 'Welcome' section with instructions to view details about an active claim by clicking on a claim number. It also includes links for 'Apply for a leave of absence' and 'Submit a request'. A tip at the bottom of this section advises keeping the claim number handy. On the right, there's a 'Your current claims' section listing two entries: 'AC-25- Employees Own Illness or Injury' (Pending, Continuous) and 'AC-25- Care of a Family Member' (Pending, Intermittent). At the bottom left, a 'Links and Resources' section is highlighted with a red box and a green arrow pointing to the 'Leave of Absence Resources' link. The 'Leave of Absence Resources' link is described as providing leave definitions, useful links, and other leave information.

STEP 5

Once you click on the "Leave of Absence Resources button, the below drawer will slide up will the helpful information and guidance related to leave of absence.

Leave Definitions explain what Continuous and Intermittent means.

Provides information regarding Short-Term Disability.

Quick links for leave of absence resources.

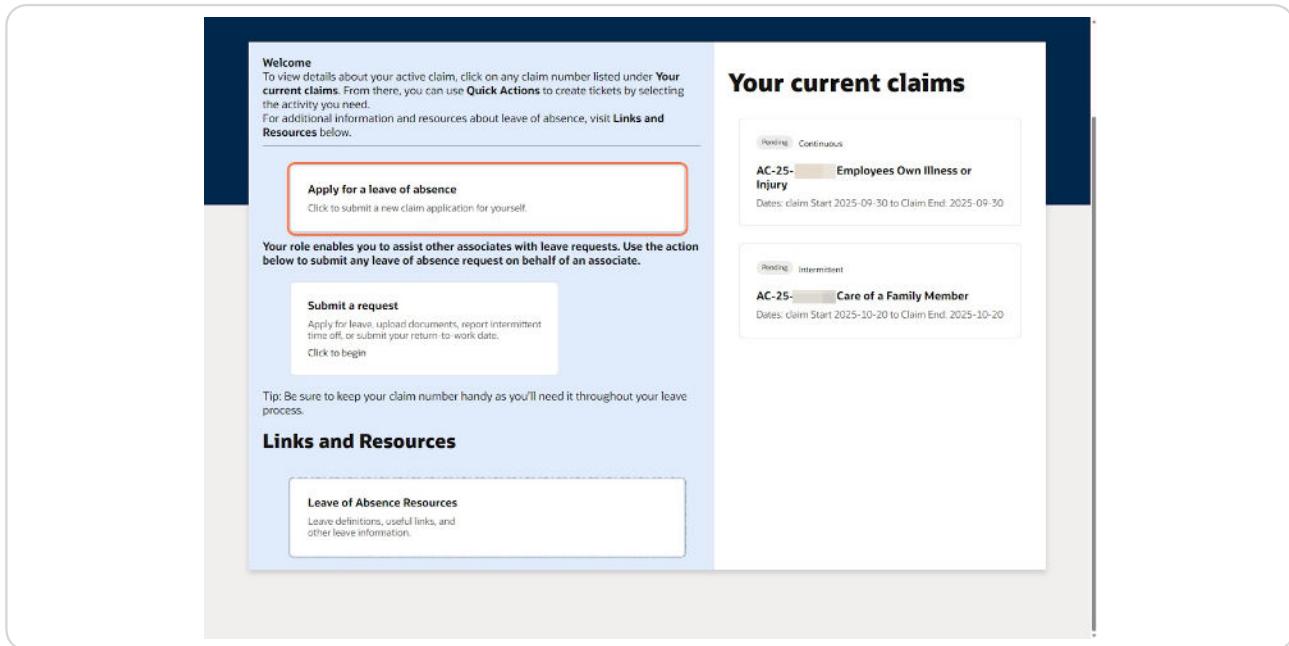
The screenshot shows a web interface for managing leave of absence. At the top, a dark header bar contains the text "Your current claims". Below this, a section titled "Leave Definitions:" provides a detailed explanation of what Continuous and Intermittent leave means. It includes a bulleted list and a note about associates with company-provided benefits. To the right, a "Quick links to the myACI-Benefits website for leave of absence resources" section is displayed in a blue-bordered box, containing links for requesting leave, getting paid while on leave, state programs, types of leave available, LOA information, benefits while on leave, responsibilities while on leave, when a leave ends, and your leave resources.

i If you are an HR/People Leader Applying for leave of absence on behalf of an associate, skip to step 24.

i If you are an associate Applying for a leave of absence for yourself, proceed to step 6.

STEP 6

Click on "Apply for a leave of absence" to navigate to submit a New Leave of Absence.



Welcome
To view details about your active claim, click on any claim number listed under **Your current claims**. From there, you can use **Quick Actions** to create tickets by selecting the activity you need. For additional information and resources about leave of absence, visit **Links and Resources** below.

Apply for a leave of absence
Click to submit a new claim application for yourself.

Your role enables you to assist other associates with leave requests. Use the action below to submit any leave of absence request on behalf of an associate.

Submit a request
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

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

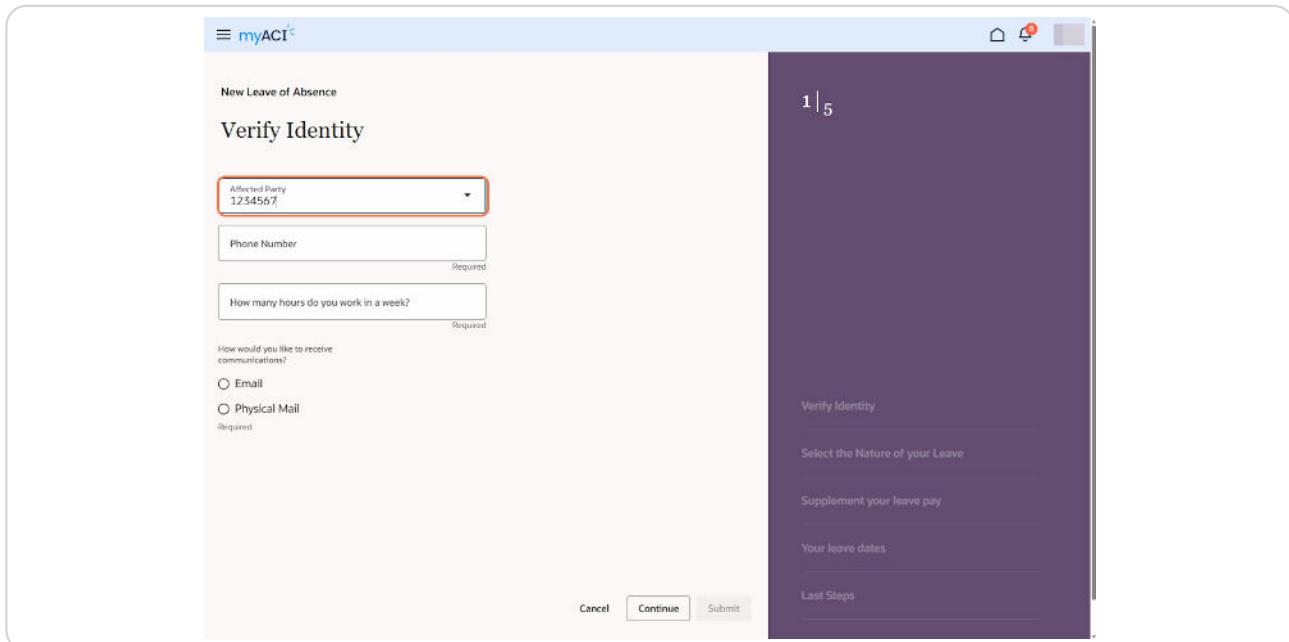
Your current claims

AC-25- Employees Own Illness or Injury
Posting: Continuous
Dates: claim Start 2025-09-30 to Claim End: 2025-09-30

AC-25- Care of a Family Member
Posting: Intermittent
Dates: claim Start 2025-10-20 to Claim End: 2025-10-20

STEP 7

In the Affected Party, enter your own Employee ID# (EID).



New Leave of Absence

Verify Identity

Affected Party: 1234567

Phone Number

Required

How many hours do you work in a week?

Required

How would you like to receive communications?

Email

Physical Mail

Required

Cancel Continue Submit

1 | 5

Verify Identity

Select the Nature of your Leave

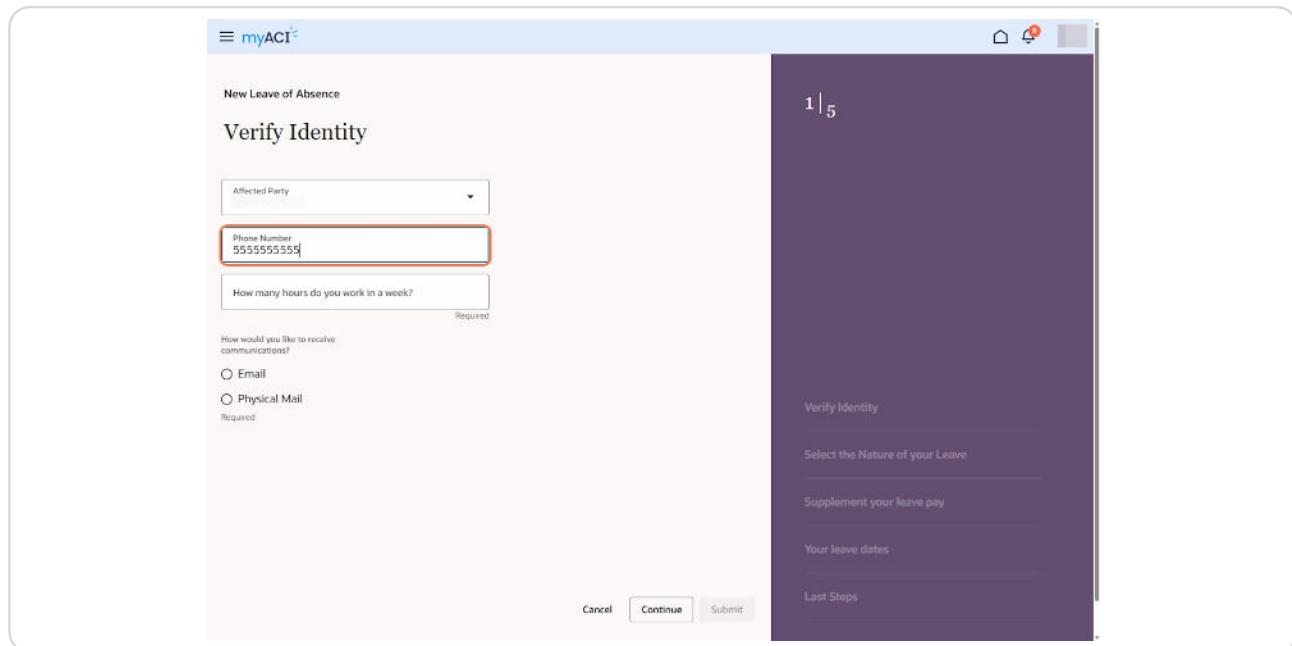
Supplement your leave pay

Your leave dates

Last Steps

STEP 8

Enter a valid phone number that can be used to reach you during your leave of absence.



New Leave of Absence

Verify Identity

Affected Party

Phone Number
5555555555

How many hours do you work in a week?

How would you like to receive communications?

Email

Physical Mail

Required

Cancel Continue Submit

1 | 5

Verify Identity

Select the Nature of your Leave

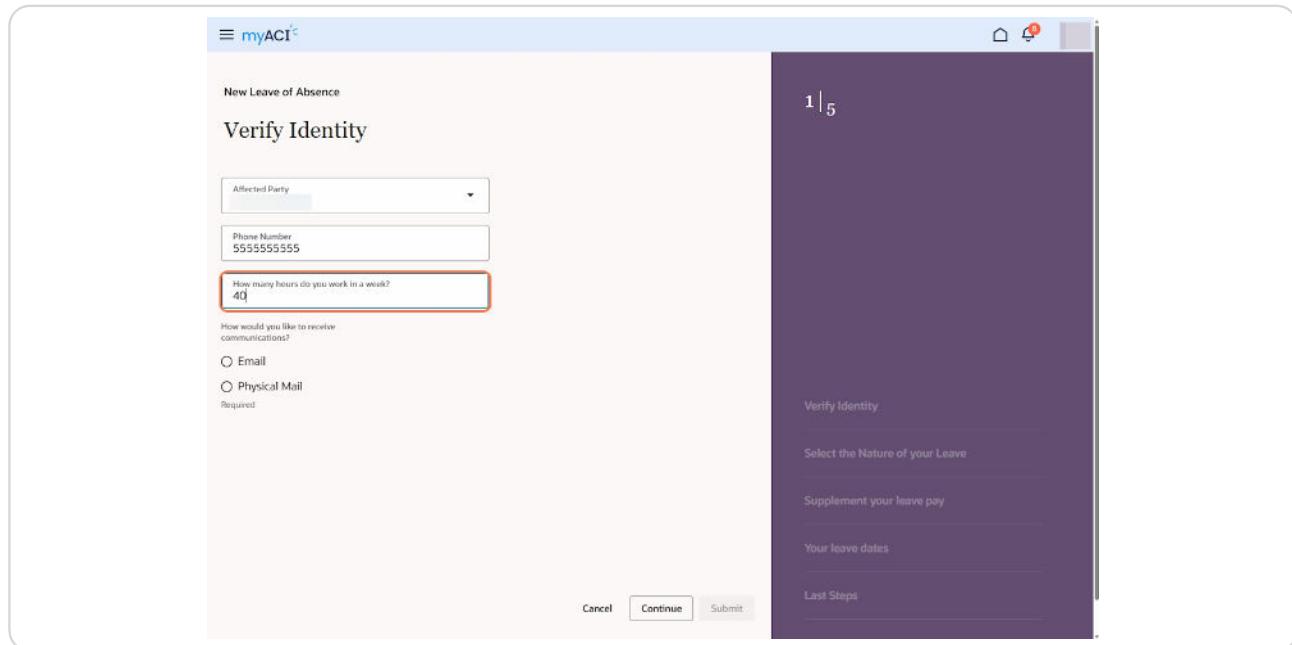
Supplement your leave pay

Your leave dates

Last Steps

STEP 9

Enter the average hours you work in a week.



New Leave of Absence

Verify Identity

Affected Party

Phone Number
5555555555

How many hours do you work in a week?
40

How would you like to receive communications?

Email

Physical Mail

Required

Cancel Continue Submit

1 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

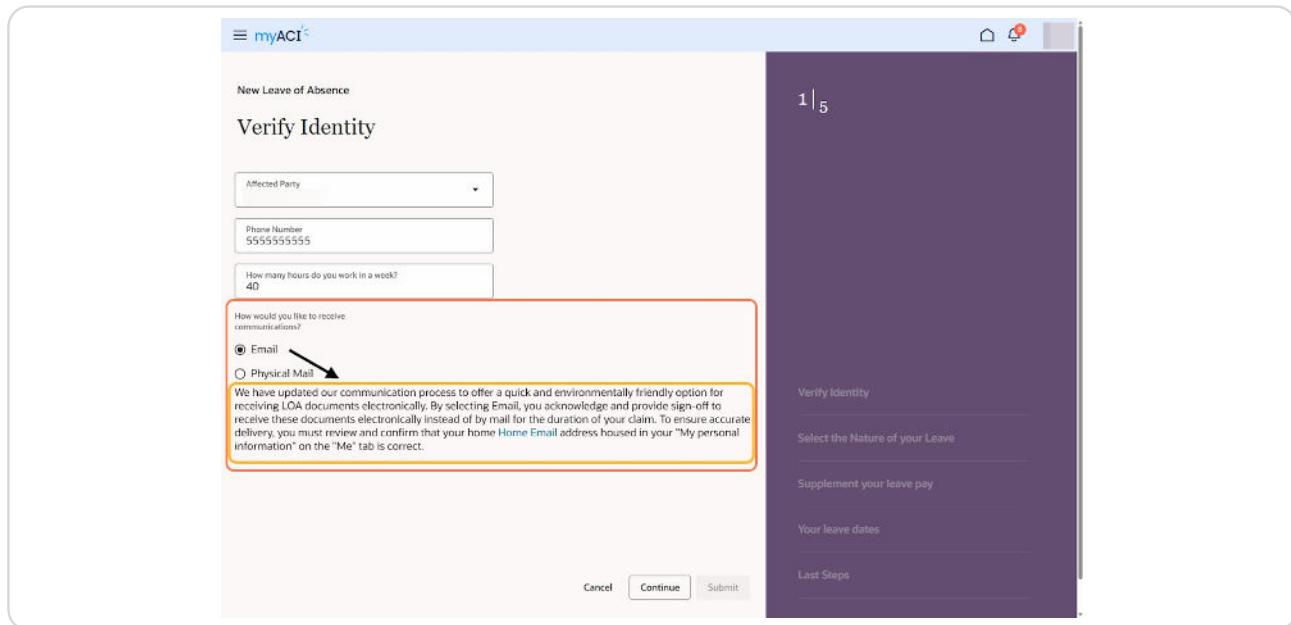
Your leave dates

Last Steps

STEP 10

Select how you would like to receive your leave of absence documents.

NOTE: By selecting email make sure you read the message that pops up (see below in yellow). Also, you will get your documents much quicker than waiting for physical mail delivery.



New Leave of Absence

Verify Identity

Affected Party

Phone Number
5555555555

How many hours do you work in a week?
40

How would you like to receive communications?

Email

Physical Mail

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 [Home Email](#) address housed in your "My personal information" on the "Me" tab is correct.

Cancel Continue Submit

1 | 5

Verify Identity

Select the Nature of your Leave

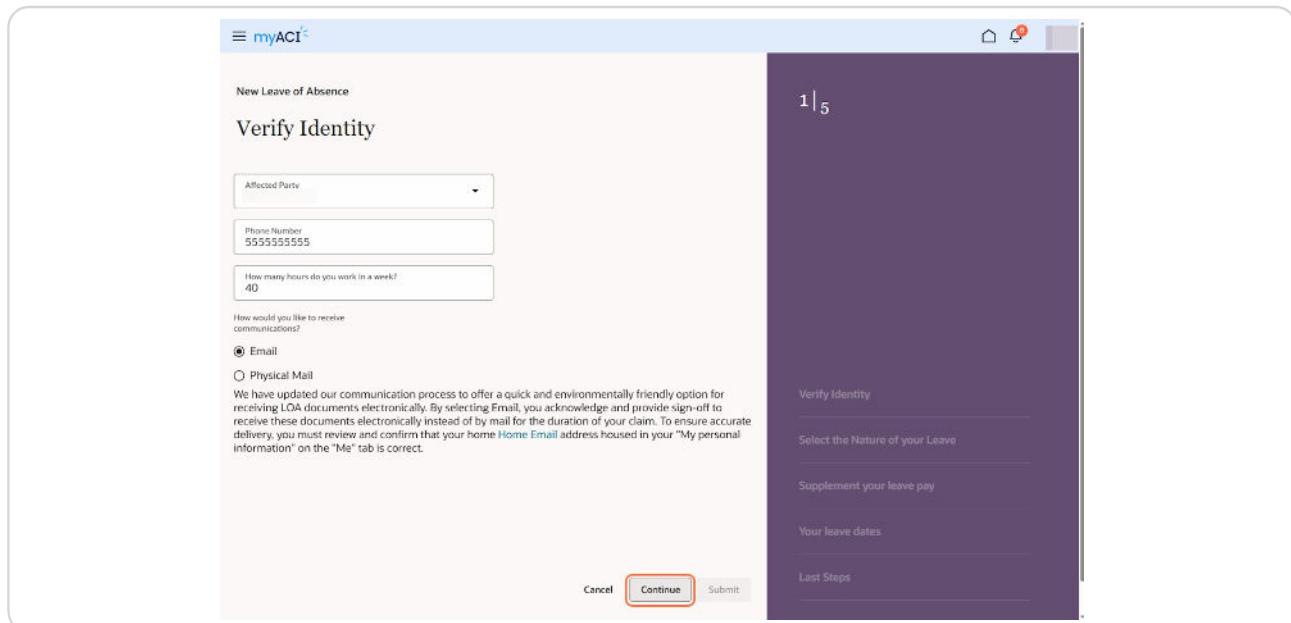
Supplement your leave pay

Your leave dates

Last Steps

STEP 11

Click on "Continue to proceed.



New Leave of Absence

Verify Identity

Affected Party

Phone Number
5555555555

How many hours do you work in a week?
40

How would you like to receive communications?

Email

Physical Mail

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 [Home Email](#) address housed in your "My personal information" on the "Me" tab is correct.

Cancel Continue Submit

1 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 12

For "Select the reason for your leave", click the drop-down arrow and select the reason you are needing to take a leave of absence.

EXAMPLES:

Employee Own Illness or Injury - For your own medical health condition

Care of a Family Member - If you are needing to care for a family member with a medical health condition.

Personal Leave - This is **NON-Medical** related reason.

Depending on "the reason for your leave" you select, the system will display different questions.



EXAMPLES:

Care of a Family Member - How are you related? If child, what is their age?

Bonding - Child's date of birth?

Adoption/Foster - Date of placement?

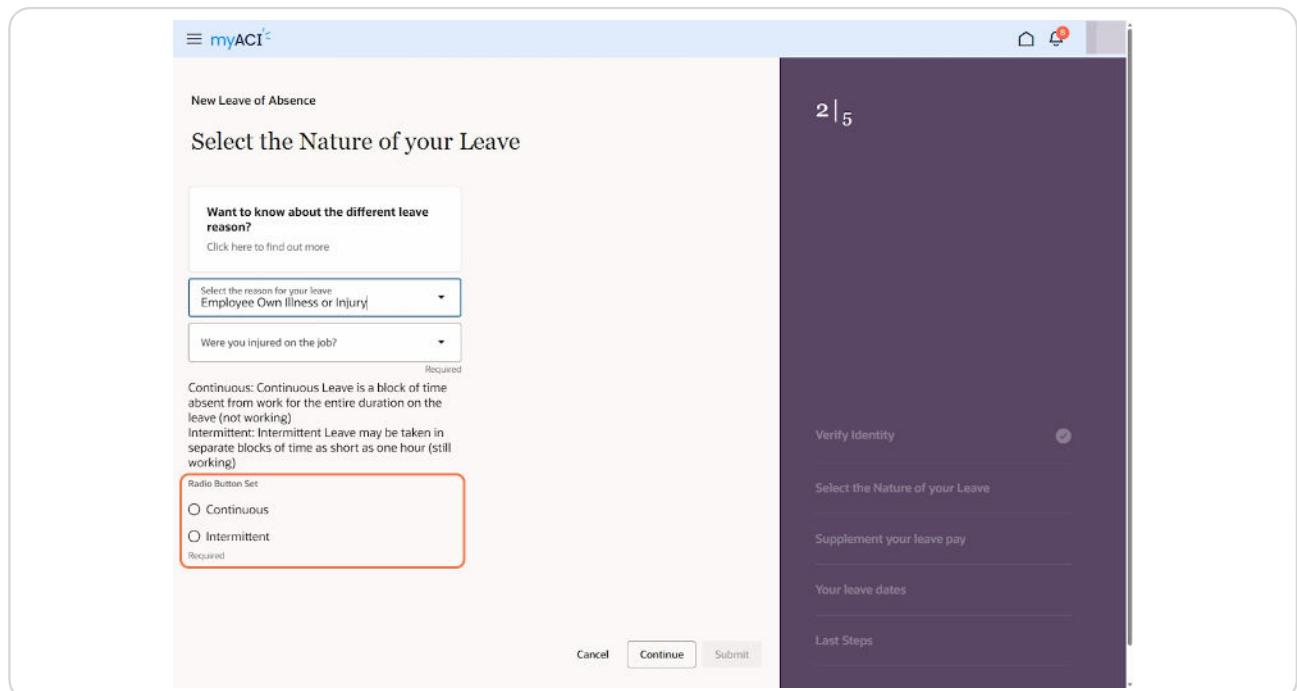
Personal Leave - Reason for personal leave. (This is a **NON-Medical** leave)

STEP 13

Select if you are needing a Continuous or an Intermittent leave.

Continuous: Block of time absent from work for the entire duration on the leave (not working)

Intermittent: May be taken in separate blocks of time as short as one hour (still working)



New Leave of Absence

Select the Nature of your Leave

Want to know about the different leave reason?
Click here to find out more

Select the reason for your leave
Employee Own Illness or Injury

Were you injured on the job? 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)

Radio Button Set

Continuous

Intermittent

Required

Cancel Continue Submit

2 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 14

If you selected Employee Own Illness or Injury, select whether it was a work-related injury or not.

NOTE: If you select yes that it was a work-related injury, you will be asked to enter the date of the injury.

New Leave of Absence

Select the Nature of your Leave

Want to know about the different leave reason?
Click here to find out more

Select the reason for your leave
Employee Own Illness or Injury

Were you injured on the job?

No

Yes

working)
Radio Button Set

Continuous

Intermittent

Cancel Continue Submit

2|5

Verify Identity

Select the Nature of your Leave

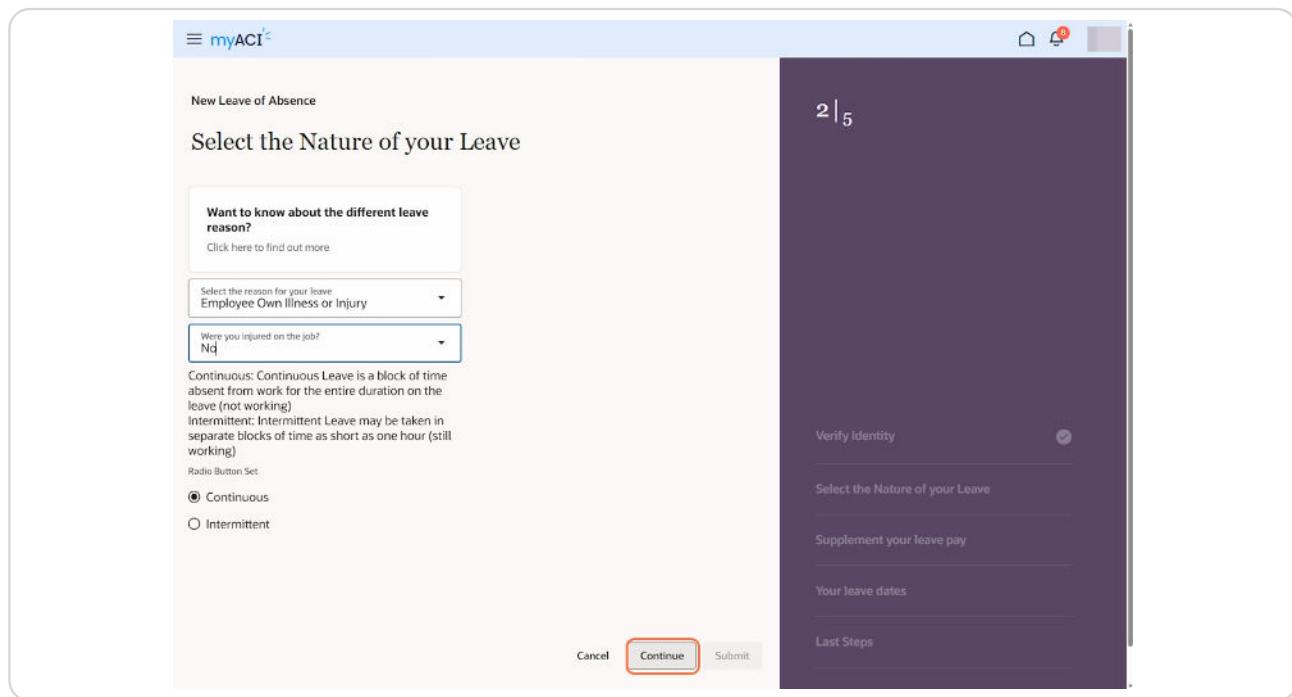
Supplement your leave pay

Your leave dates

Last Steps

STEP 15

Click on "Continue" to proceed.



New Leave of Absence

Select the Nature of your Leave

Want to know about the different leave reason?
Click here to find out more

Select the reason for your leave
Employee Own Illness or Injury

Were you injured on the job?
Nq

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)

Radio Button Set

Continuous

Intermittent

Cancel **Continue** Submit

2 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 16

This question is asking if you wish to use available supplemental pay sources (if available) to maintain your income during your leave of absence.

Read the entire content before selecting "Yes" or "No" to Supplement leave Pay.

Supplemental pay sources may include sick pay, paid time off (PTO), flexible time off (FTO), and/or vacation.

Supplement your leave pay

PLEASE READ ENTIRELY

If you are a union associate and you are not on Company-provided short-term disability, contact your union trust for short-term disability benefits through Taft-Hartley.

Certain provisions will depend on the specifics of your STD plan.

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) period*, 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 (via 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.

*¹ For 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

Question 16 of 16

3 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 17

If select "Yes" to Supplement leave pay, select which pay sources you wish to include to maintain your income during your leave. Once pay source is selected, type in your full name to authorize the supplemental pay.

NOTE: You must have available sick pay, PTO, floating holiday and/or vacation to be used as a pay source during your leave.

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 ([via myaci-benefits.com](http://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.

¹ For 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

Use Floating ... Use PTO Use Sick Time

Use Vacation ... Use FTO

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

3 | 5

Verify Identity

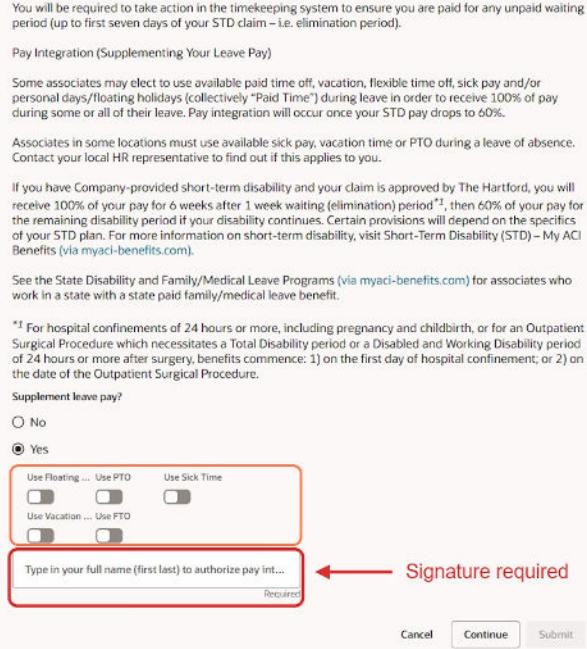
Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

Cancel Continue Submit



STEP 18

Click on "Continue" to proceed.

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) period*, 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 ([via myaci-benefits.com](http://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.

* For 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

Use Floating ... Use PTO Use Sick Time

Use Vacation ... Use FTD

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

Cancel Continue Submit

3 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 19

Enter the date your leave is expected to start, your last day worked, and your expected return-to-work date (or rough estimate).

New Leave of Absence

Your leave dates

What is your expected leave start date?

What was your last working day?

What is your expected return to work date?

4 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

STEP 20

Click on "Continue" to proceed.

New Leave of Absence

Your leave dates

What is your expected leave start date?
12/10/2025

What was your last working day?
12/9/2025

What is your expected return to work date?
2/27/2026

4 | 5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

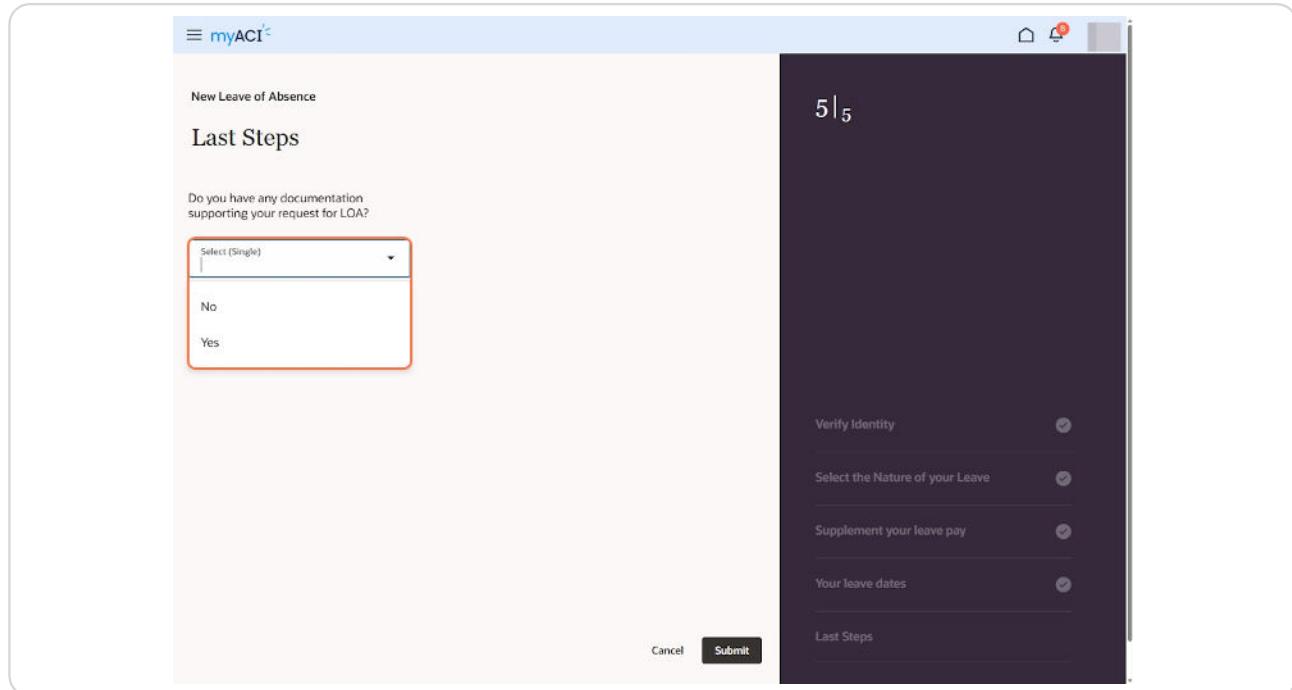
Cancel Continue Submit

STEP 21

Select "Yes" or "No" whether you have any documents supporting your leave request.

ONLY select Yes if you are attaching documents to this request.

Documents must be in PDF or JPEG format that are no larger than 8MB.



New Leave of Absence

Last Steps

Do you have any documentation supporting your request for LOA?

Select (Single)

No

Yes

5|5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

Your leave dates

Last Steps

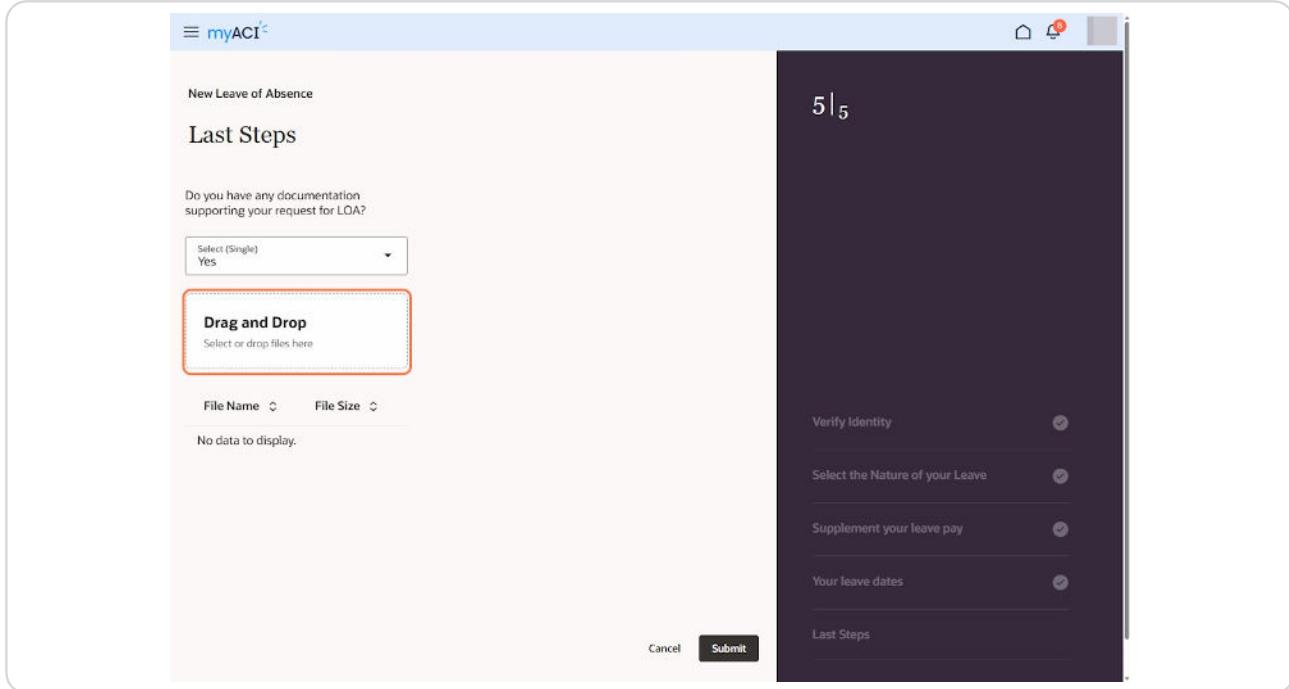
Cancel Submit

STEP 22

If you answered "Yes" in step 21, Drag and Drop the documents in this section.

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

IMPORTANT: Wait for the document(s) to **FULLY** upload before moving to next step.



New Leave of Absence

Last Steps

Do you have any documentation supporting your request for LOA?

Select (Single)
Yes

Drag and Drop
Select or drop files here

File Name ◇ File Size ◇

No data to display.

Cancel **Submit**

5|5

Verify Identity

Select the Nature of your Leave

Supplement your leave pay

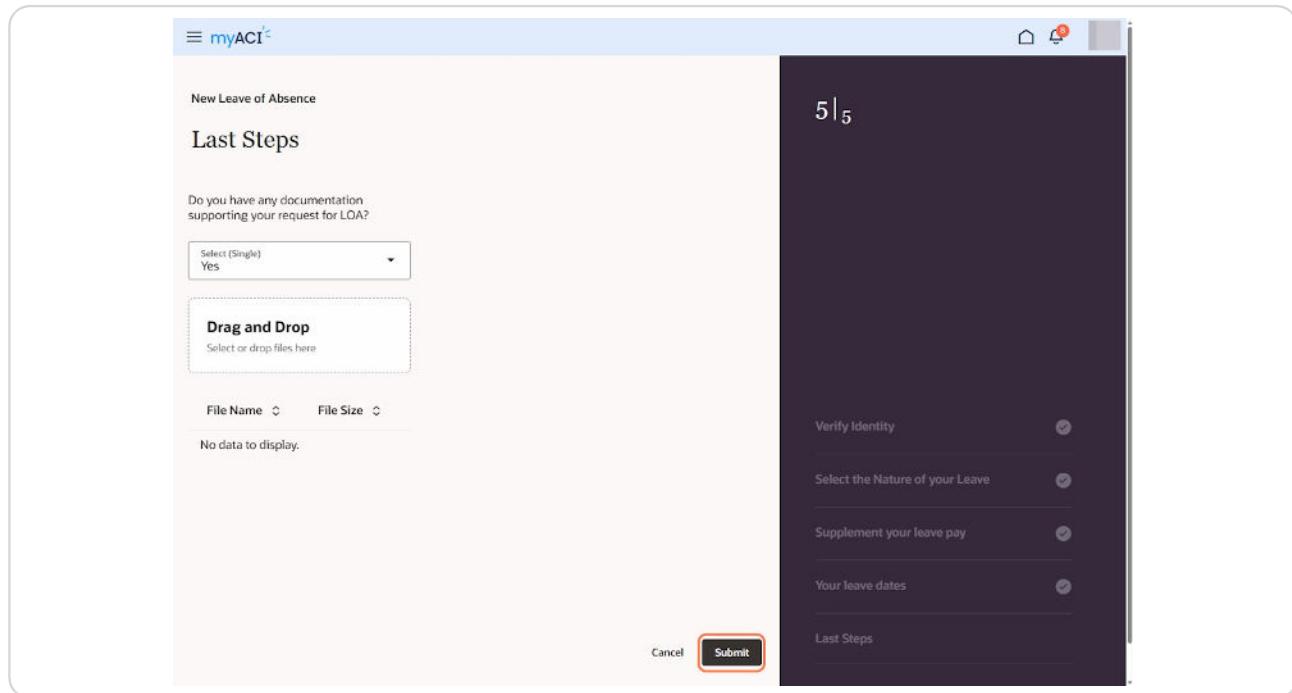
Your leave dates

Last Steps

STEP 23

Click on "Submit" to save and submit your leave of absence request.

NOTE: If you do not click "Submit", your leave of absence request will not be saved and submitted.



New Leave of Absence

Last Steps

Do you have any documentation supporting your request for LOA?

Select (Single)
Yes

Drag and Drop
Select or drop files here

File Name: File Size: No data to display.

Cancel **Submit**

515

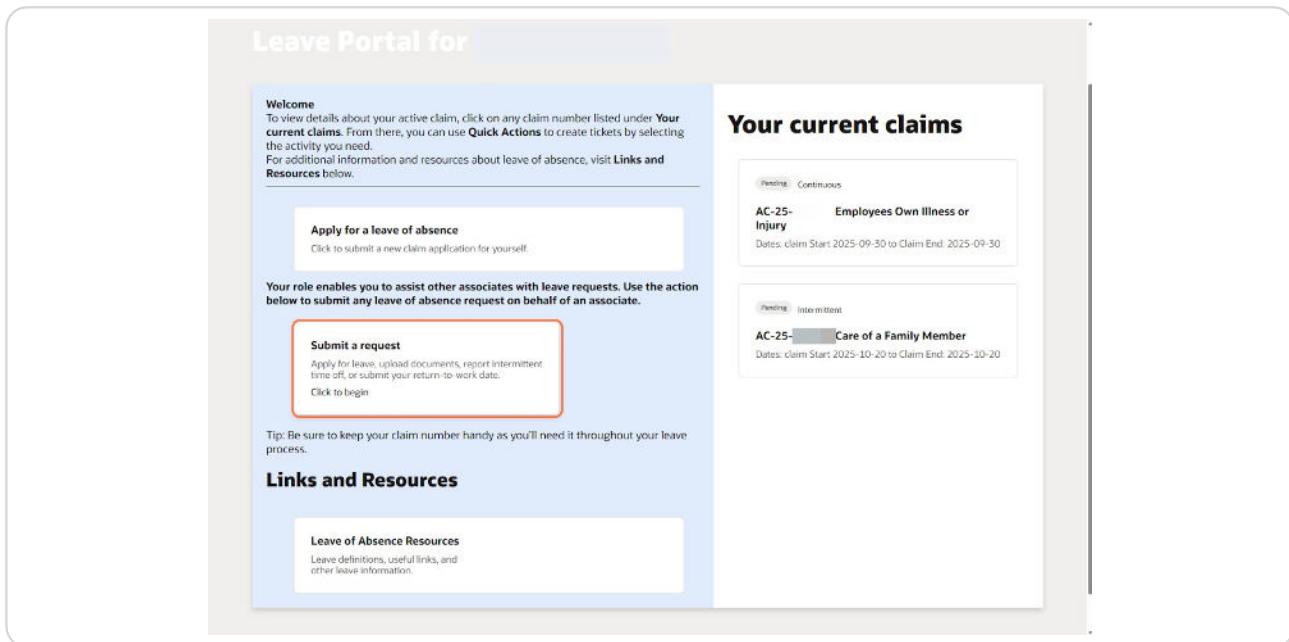
Verify Identity
Select the Nature of your Leave
Supplement your leave pay
Your leave dates
Last Steps



If you are an HR/People Leader Applying for a leave of absence on behalf of an associate, start here.

STEP 24

Click on "Submit a request" to navigate to submit a Leave of Absence Request.

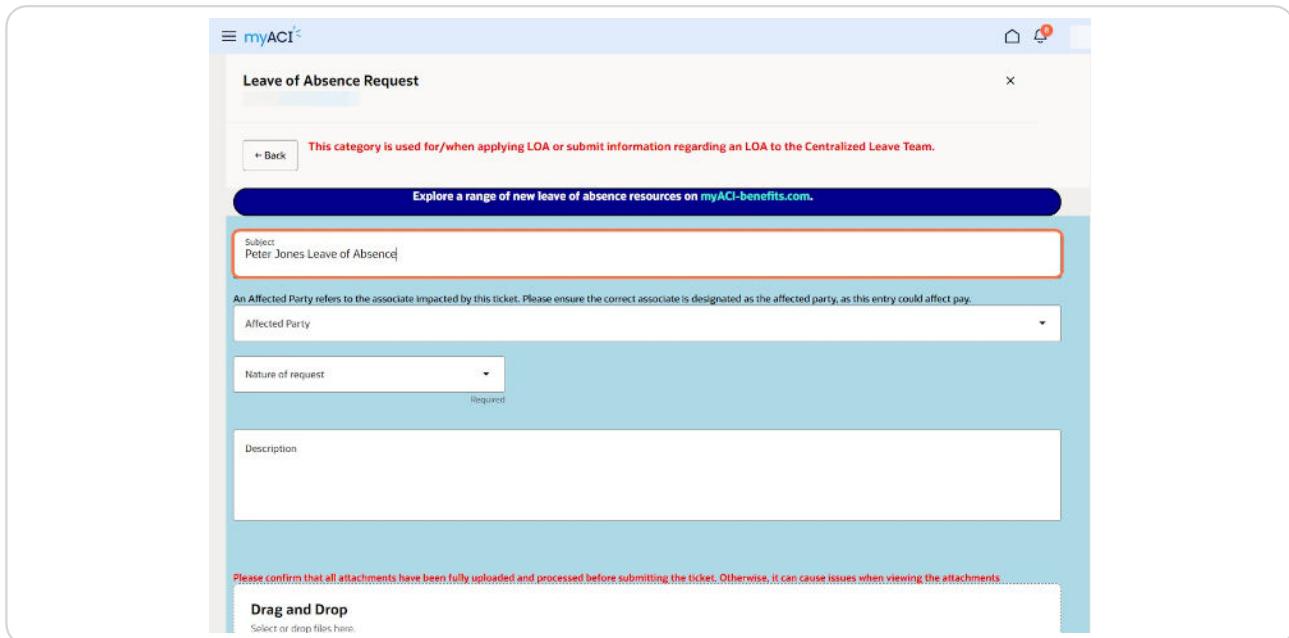


The screenshot shows the 'Leave Portal for' page. At the top, there's a 'Welcome' section with instructions to view details about active claims and use 'Quick Actions' to create tickets. Below this is a 'Apply for a leave of absence' button with a sub-instruction to click for a new claim application. A 'Tip' box suggests keeping the claim number handy. To the right, a 'Your current claims' section lists two items: 'AC-25- Employees Own Illness or Injury' (pending, continuous) and 'AC-25- Care of a Family Member' (pending, intermittent). Below these are 'Submit a request' and 'Links and Resources' sections.

STEP 25

Enter the subject for the leave request.

EXAMPLE: (Associate name) Leave of Absence

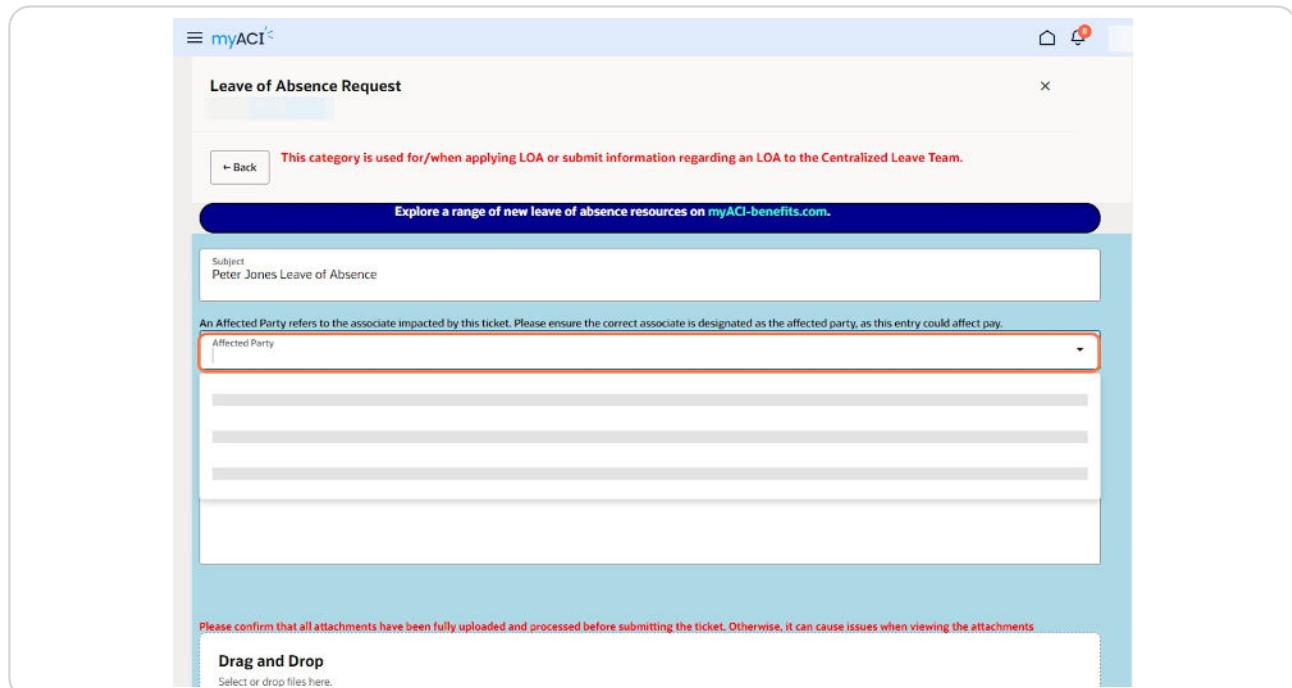


The screenshot shows the 'Leave of Absence Request' form. The 'Subject' field is filled with 'Peter Jones Leave of Absence'. Below it, a note states: 'An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.' The 'Affected Party' dropdown is set to 'Affected Party'. The 'Nature of request' dropdown is labeled 'Required'. A 'Description' text area is present. At the bottom, a note says: 'Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments.' A 'Drag and Drop' section for attachments is shown.

STEP 26

In the Affected Party, enter the Employee ID (EID) of the associate who is the request is being submitted for.

IMPORTANT: An affected party refers to the associate impacted by this ticket. Double check to ensure the correct associate (EID) is designated as the affected party, as this entry could affect pay.



myACI

Leave of Absence Request

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
Peter Jones 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.

Affected Party

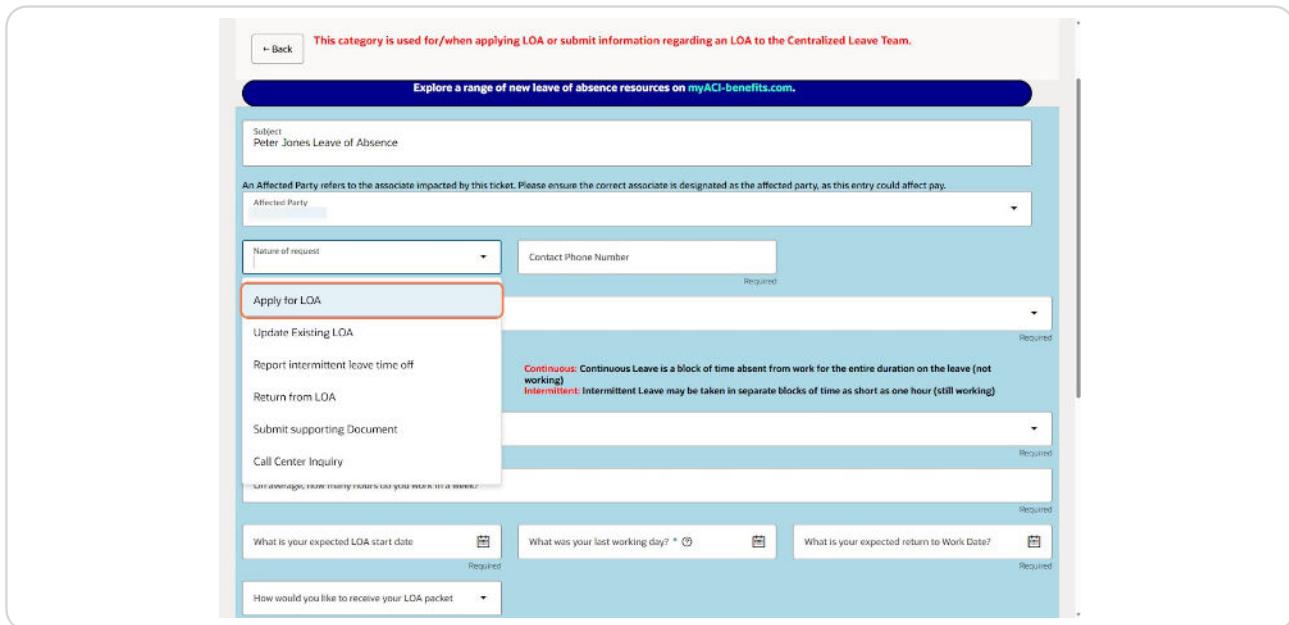
Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments.

Drag and Drop
Select or drop files here.

STEP 27

For "Nature of request", select Apply for LOA.

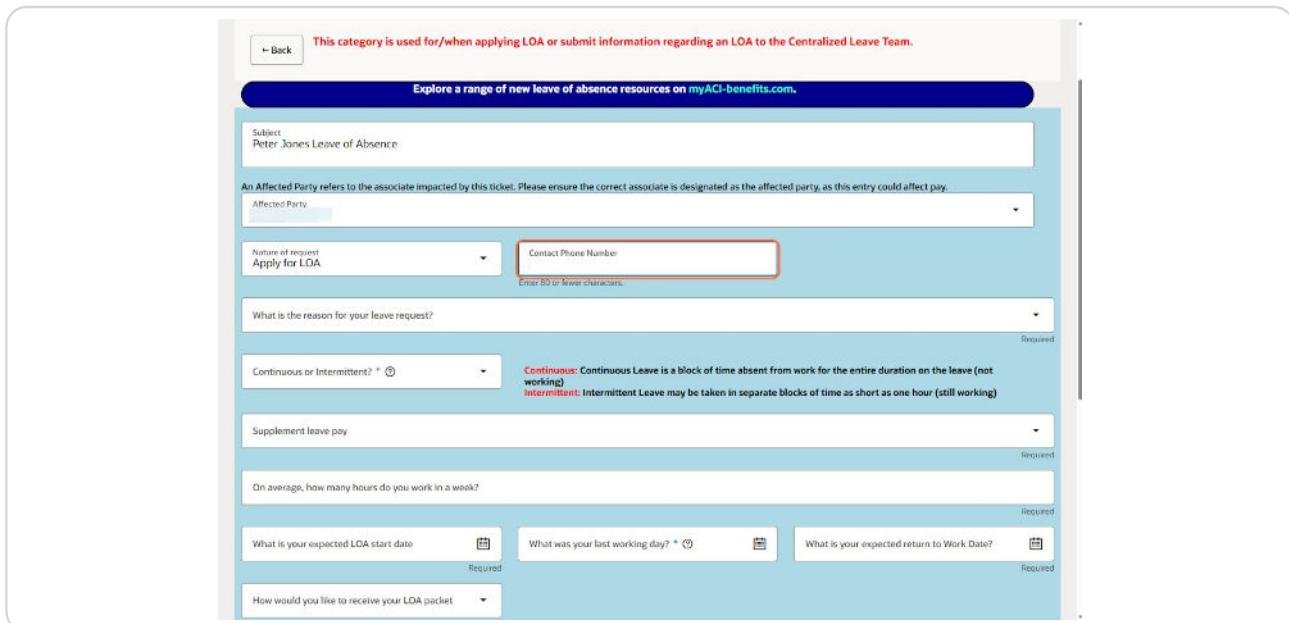
NOTE: This selection should **ONLY** be used to apply for a new leave of absence. **DO NOT** use for updating or adding information to an existing LOA claim.



This screenshot shows a web-based leave of absence (LOA) application form. At the top, there is a red header bar with the text 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' Below this, a blue bar says 'Explore a range of new leave of absence resources on myACI-benefits.com.' The main form area has a light blue background. It includes fields for 'Subject' (set to 'Peter Jones Leave of Absence'), 'Affected Party' (a dropdown menu), 'Nature of request' (a dropdown menu with 'Apply for LOA' selected and highlighted with a red box), 'Contact Phone Number' (a required field), and 'Reason for leave request' (a dropdown menu with 'Continuous or Intermittent?' selected). There are also sections for 'Supplement leave pay', 'On average, how many hours do you work in a week?', and three date fields: 'What is your expected LOA start date', 'What was your last working day?', and 'What is your expected return to Work Date?'. Each of these date fields has a small calendar icon and is marked as 'Required'. At the bottom, there is a dropdown menu for 'How would you like to receive your LOA packet?'. The entire form is contained within a light gray rounded rectangle.

STEP 28

Enter a valid Contact Phone Number for the associate.



This screenshot shows the same LOA application form as the previous one, but with a focus on the 'Contact Phone Number' field. The 'Nature of request' dropdown is still set to 'Apply for LOA'. The 'Contact Phone Number' field is highlighted with a red box and contains the placeholder text 'Enter 80 or fewer characters.' Below this field is a note: 'Required'. The other fields and sections are identical to the previous screenshot, including the date fields and the 'How would you like to receive your LOA packet?' dropdown at the bottom.

STEP 29

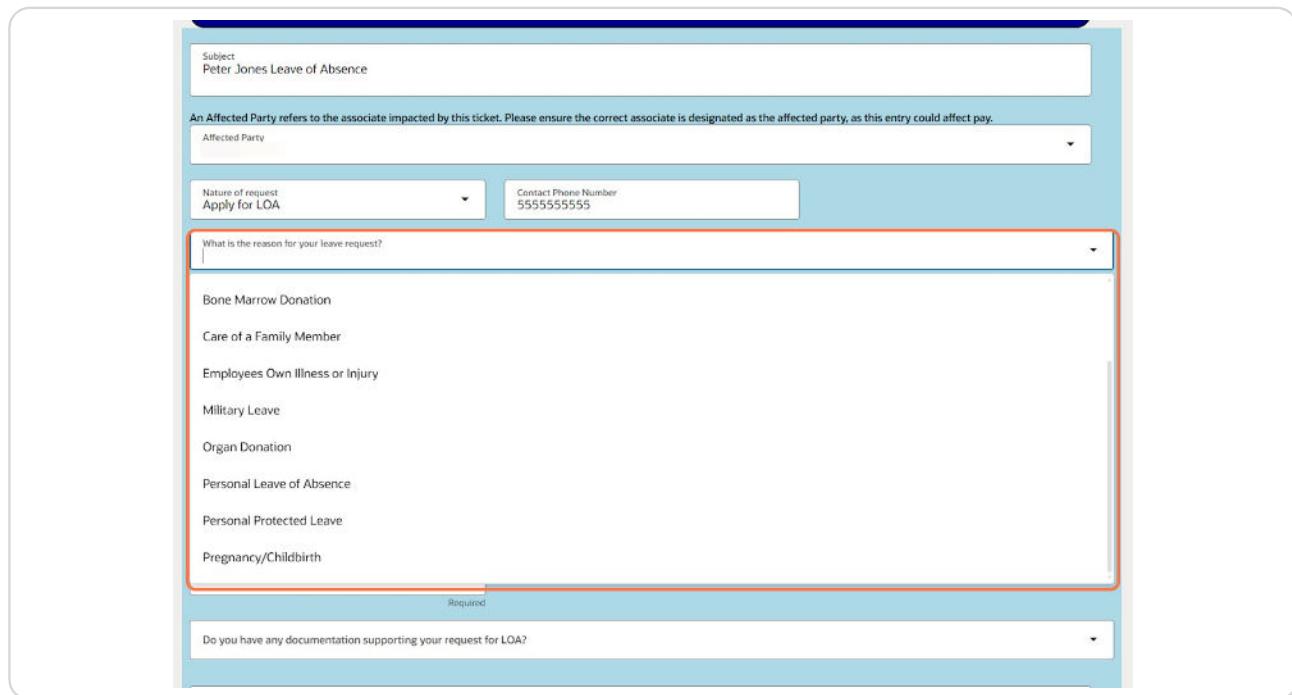
For " What is the reason for your leave request?", select the correct reason for the associates leave request.

EXAMPLES:

Employee Own Illness or Injury - For the associates own medical health condition.

Care of a Family Member - If the associates is needing to care for a family member with a medical health condition.

Personal Leave - This is **NON-Medical** related reason.



Subject
Peter Jones 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.

Affected Party

Nature of request
Apply for LOA

Contact Phone Number
5555555555

What is the reason for your leave request?

- Bone Marrow Donation
- Care of a Family Member
- Employees Own Illness or Injury
- Military Leave
- Organ Donation
- Personal Leave of Absence
- Personal Protected Leave
- Pregnancy/Childbirth

Required

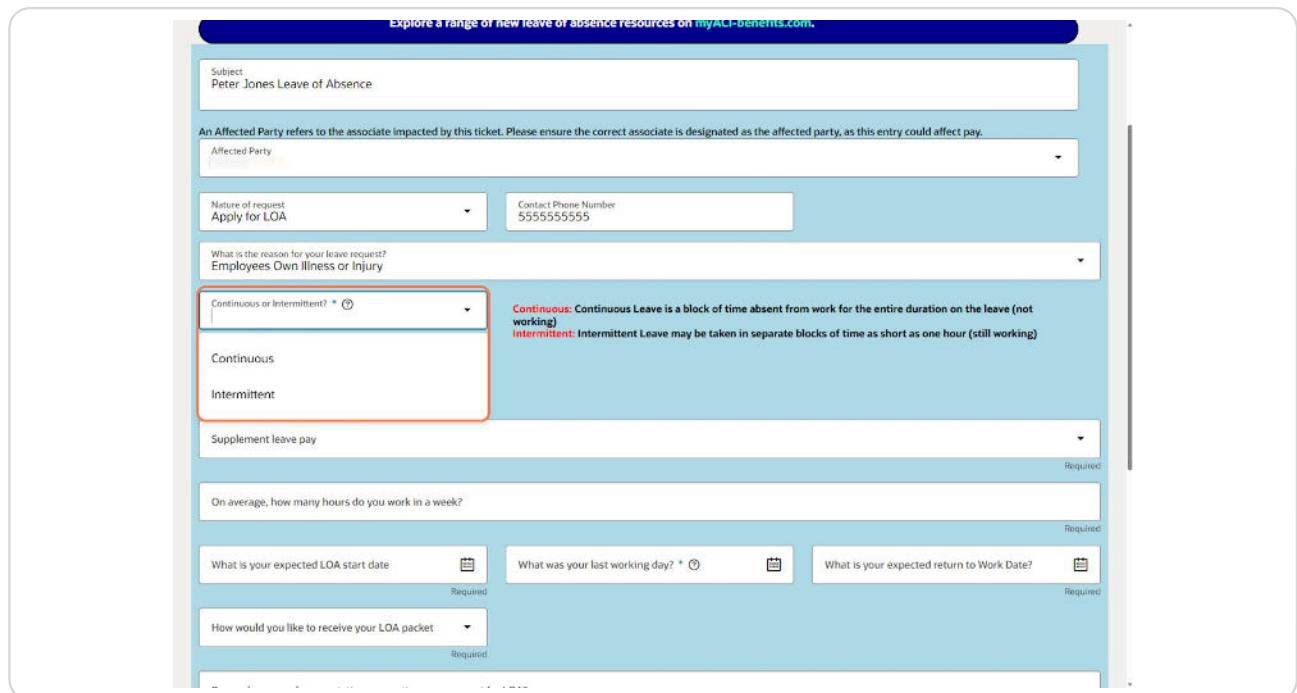
Do you have any documentation supporting your request for LOA?

STEP 30

Select if the associate is needing a Continuous or an Intermittent leave.

Continuous: Block of time absent from work for the entire duration on the leave (not working)

Intermittent: May be taken in separate blocks of time as short as one hour (still working)



The screenshot shows a leave request form with the following fields:

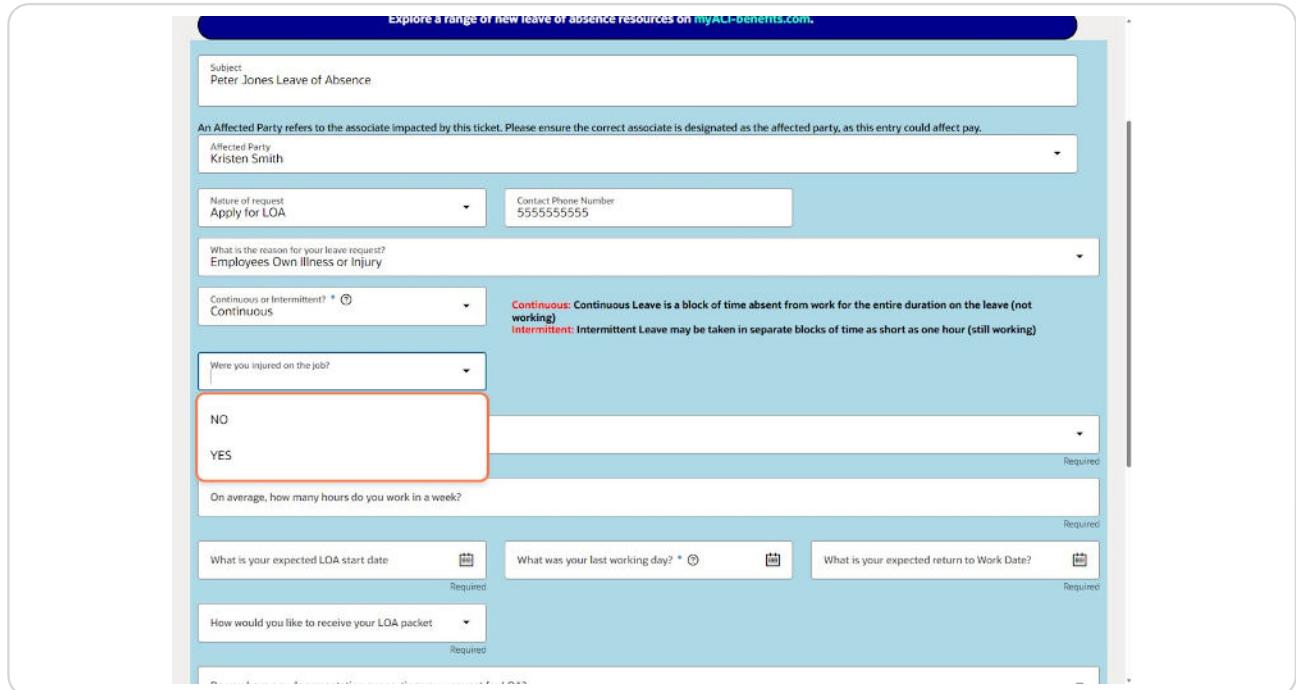
- Subject:** Peter Jones Leave of Absence
- Affected Party:** (dropdown menu)
- Nature of request:** Apply for LOA
- Contact Phone Number:** 5555555555
- What is the reason for your leave request?** Employees Own Illness or Injury
- Continuous or Intermittent? *** (dropdown menu)
 - Continuous (selected)
 - Intermittent

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)
- Supplement leave pay:** (dropdown menu)
- On average, how many hours do you work in a week?** (text input)
- What is your expected LOA start date?** (date picker)
- What was your last working day? *** (date picker)
- What is your expected return to Work Date?** (date picker)
- How would you like to receive your LOA packet?** (dropdown menu)

STEP 31

If you selected Employee Own Illness or Injury, select whether it was a work-related injury or not.

NOTE: If you select "YES" that it was a work-related injury, you will be asked to enter the date of the injury.



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

Subject: Peter Jones 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.

Affected Party: Kristen Smith

Nature of request: Apply for LOA

Contact Phone Number: 5555555555

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 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)

Were you injured on the job?

NO

YES

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? Required

STEP 32

This question is asking if the associate wishes to use available supplemental pay sources (if available) to maintain their income during their leave of absence.

Read the entire content before selecting "Yes" or "No" to Supplement leave Pay.
Supplemental pay sources may include sick pay, paid time off (PTO), flexible time off (FTO), and/or vacation.

The screenshot shows a web form for 'Supplement leave pay'. At the top, there are dropdown menus for 'Continuous or Intermittent?' (set to 'Continuous') and 'Were you injured on the job?' (set to 'NO'). A red box highlights the 'PLEASE READ ENTIRELY' section, which contains detailed information about STD benefits, pay integration, and state disability programs. Below this, there is a dropdown menu for 'Supplement leave pay' with 'NO' and 'YES' options. At the bottom, there are three date fields: 'What is your expected LOA start date', 'What was your last working day?', and 'What is your expected return to Work Date?'. Each date field has a calendar icon to its right.

Continuous or Intermittent? * ⓘ
Continuous

Were you injured on the job?
NO

PLEASE READ ENTIRELY

If you are a union associate and you are not on Company-provided short-term disability, contact your union trust for short-term disability benefits through Taft-Hartley.

Certain provisions will depend on the specifics of your STD plan.

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 (macyc-benefits.com).

See the State Disability and Family/Medical Leave Programs (via macyc-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

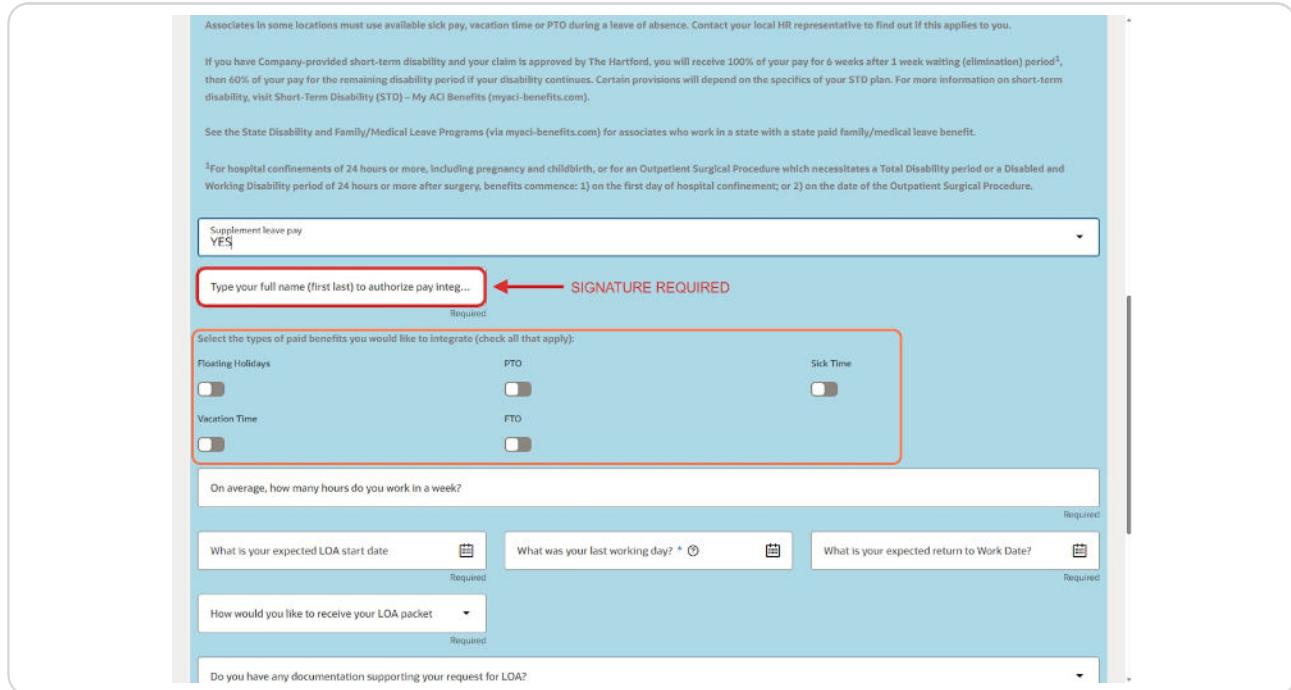
What was your last working day? * ⓘ

What is your expected return to Work Date?

STEP 33

If select "YES" to Supplement leave pay, select which pay sources the associate wishes to include to maintain their income during their leave. Once pay source is selected, type in their full name to authorize the supplemental pay.

NOTE: They must have available sick pay, PTO, floating holiday and/or vacation to be used as a pay source during your leave.



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) period², 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.

²For 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 integ... ← SIGNATURE REQUIRED

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

Floating Holidays PTO Sick Time

Vacation Time PTO

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? *
What is your expected return to Work Date? Required

How would you like to receive your LOA packet Required

Do you have any documentation supporting your request for LOA?

STEP 34

Enter the average hours the associate works in a week.

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.

³For 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
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? Required

Do you have any documentation supporting your request for LOA?

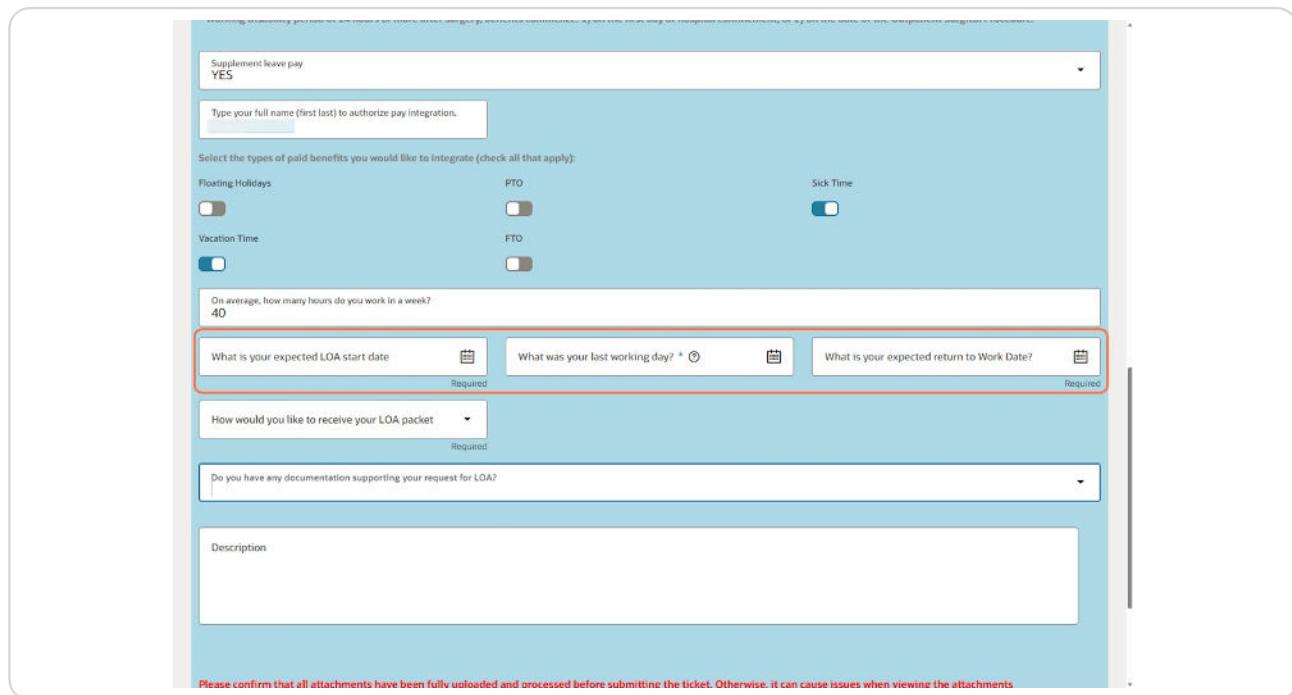
Depending on "the reason for your leave" you select, the system will display different questions.

EXAMPLES:

- Care of a Family Member** - How are you related? If child, what is their age?
- Bonding** - Child's date of birth?
- Adoption/Foster** - Date of placement?
- Personal Leave** - Reason for personal leave. **(This is a NON-Medical leave)**

STEP 35

Enter the date the associates leave is expected to start, your last day worked, and your expected return-to-work date (or rough estimate).



Supplemental 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

Vacation Time FTO

On average, how many hours do you work in a week?
40

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 Required

Do you have any documentation supporting your request for LOA?

Description

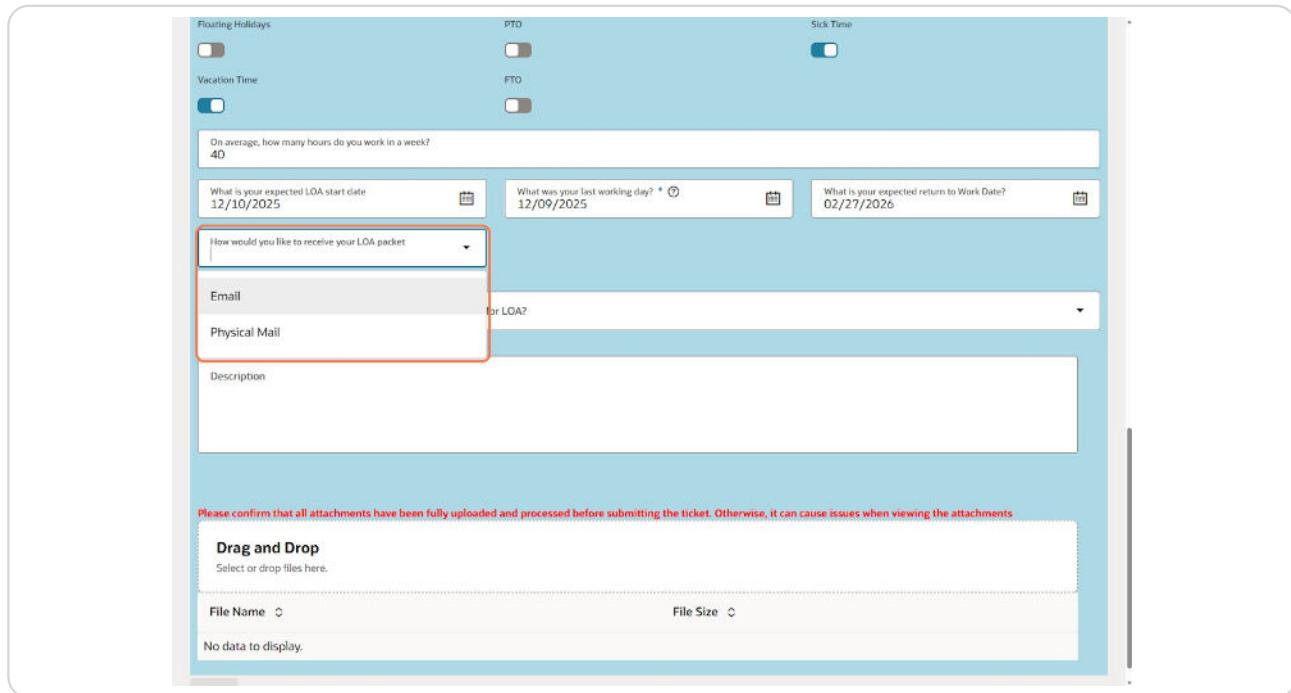
Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments

STEP 36

Select how the associate would like to receive their leave of absence documents.

NOTE: If "Email" is selected, this message will display:

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.



Floating Holidays

PTO

Sick Time

Vacation Time

On average, how many hours do you work in a week?
40

What is your expected LOA start date
12/10/2025

What was your last working day? * 12/09/2025

What is your expected return to Work Date?
02/27/2026

How would you like to receive your LOA packet?

Email

Physical Mail

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 37

Select "YES" or "NO" whether you have any documents supporting your leave request.

ONLY select "YES" if you are attaching documents to this request.

Documents must be in PDF or JPEG format that are no larger than 8MB.

The screenshot shows a leave request form with the following details:

- Vacation Time:** FTO (checked)
- On average, how many hours do you work in a week?**: 40
- What is your expected LOA start date?**: 12/10/2025
- What was your last working day?**: 12/09/2025
- What is your expected return to Work Date?**: 02/27/2026
- How would you like to receive your LOA packet?**: Email
- Information about electronic delivery:** A note states: "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."
- Documentation support dropdown:** A dropdown menu asks "Do you have any documentation supporting your request for LOA?" with options "NO" and "YES". The "YES" option is highlighted with a red border.
- Attachment instructions:** A note says "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 is a "Drag and Drop" area for file uploads.
- File upload fields:** "File Name" and "File Size".

STEP 38

If you answered "YES" in step 37, Drag and Drop the documents in this section.

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

IMPORTANT: Wait for the document(s) to **FULLY** upload before moving to next step.

On average, how many hours do you work in a week?
40

What is your expected LOA start date? 12/10/2025

What was your last working day? * 12/09/2025

What is your expected return to Work Date? 02/27/2026

How would you like to receive your LOA packet? Email

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.

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.

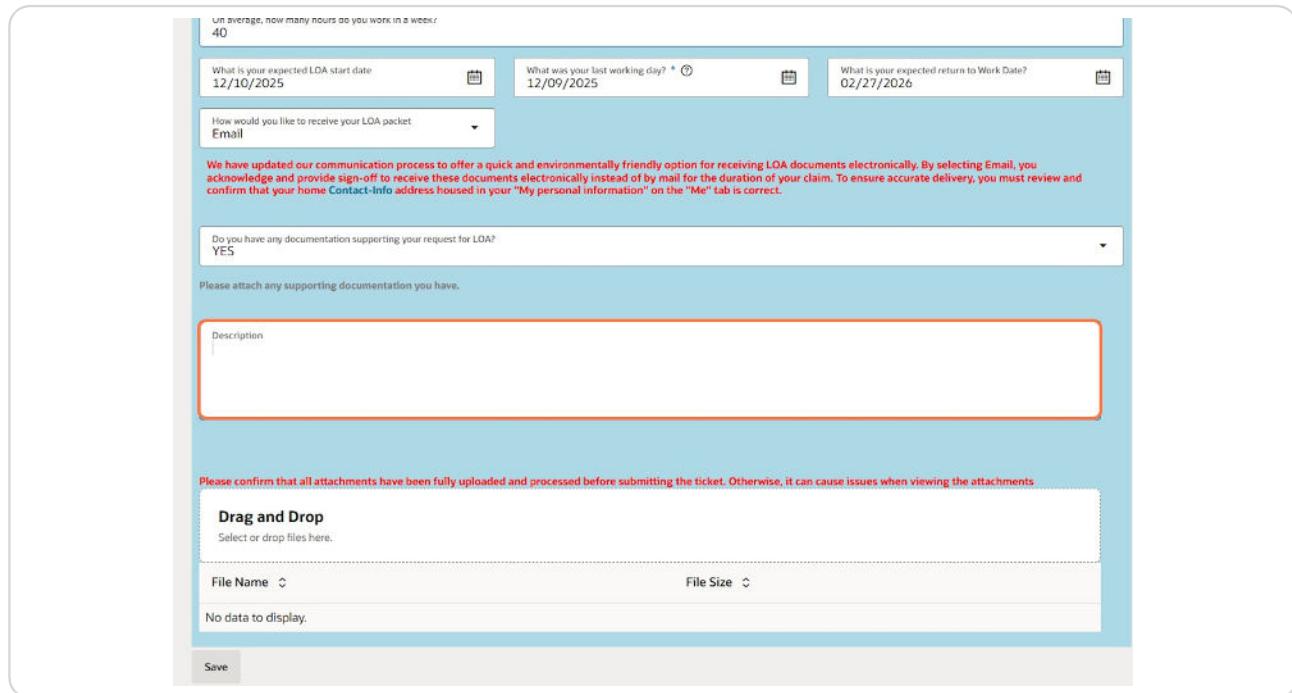
Drag and Drop
Select or drop files here.

File Name	File Size
No data to display.	

Save

STEP 39

Use the Detailed Description box to enter any additional information about the associates leave of absence request.



The screenshot shows a web-based form for a leave of absence request. At the top, there is a question: "On average, how many hours do you work in a week?" with the answer "40". Below this are three date fields: "What is your expected LOA start date?" (12/10/2025), "What was your last working day?" (12/09/2025), and "What is your expected return to Work Date?" (02/27/2026). A dropdown menu for "How would you like to receive your LOA packet?" shows "Email" selected. A note below the date fields states: "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." A dropdown menu for "Do you have any documentation supporting your request for LOA?" shows "YES" selected. Below this is a note: "Please attach any supporting documentation you have." A large text area labeled "Description" is outlined in orange. At the bottom, a note says: "Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments." A "Drag and Drop" section with the sub-instruction "Select or drop files here." is present. Below it, a table shows "File Name" and "File Size" with the message "No data to display." A "Save" button is located at the bottom left.

STEP 40

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

NOTE: If you do not click "Save", the leave of absence request will not be submitted.

