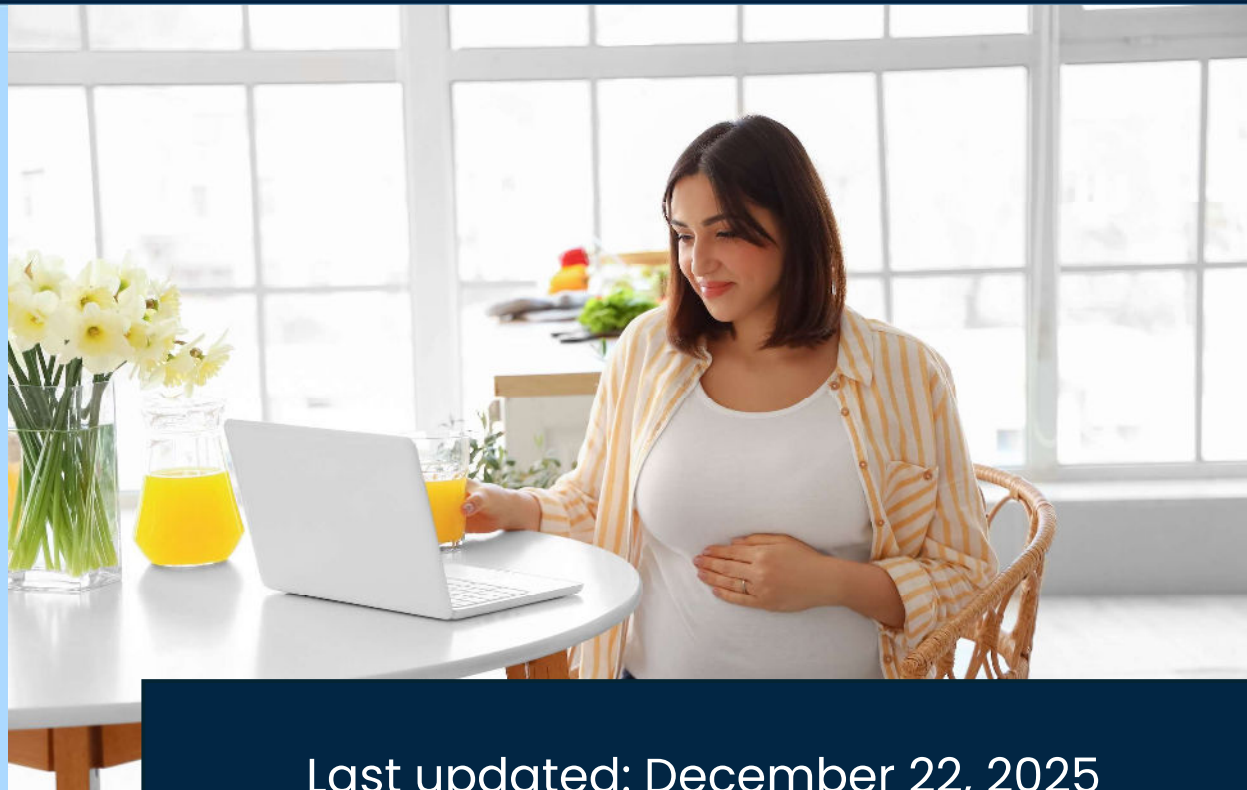


QRG

Quick Reference Guide (1-40 Steps)

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

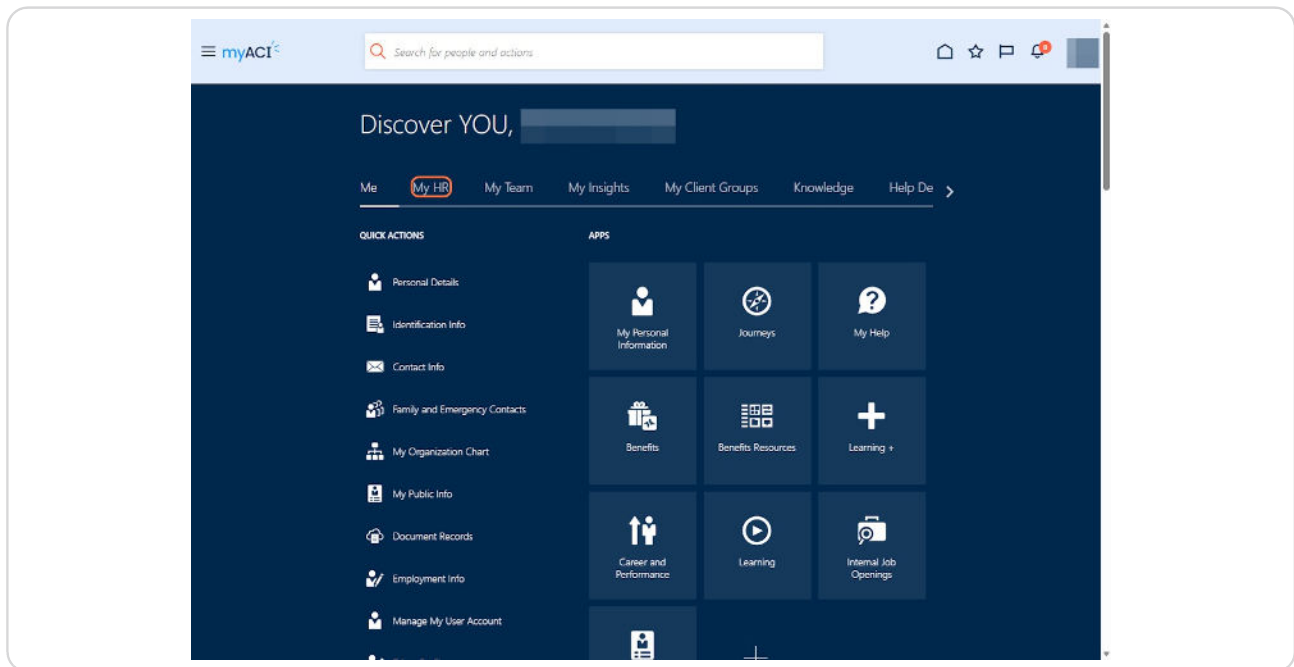
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service. This QRG is also, for HR team members and others who assist associates in applying for a leave of absence on an associate behalf.



Last updated: December 22, 2025

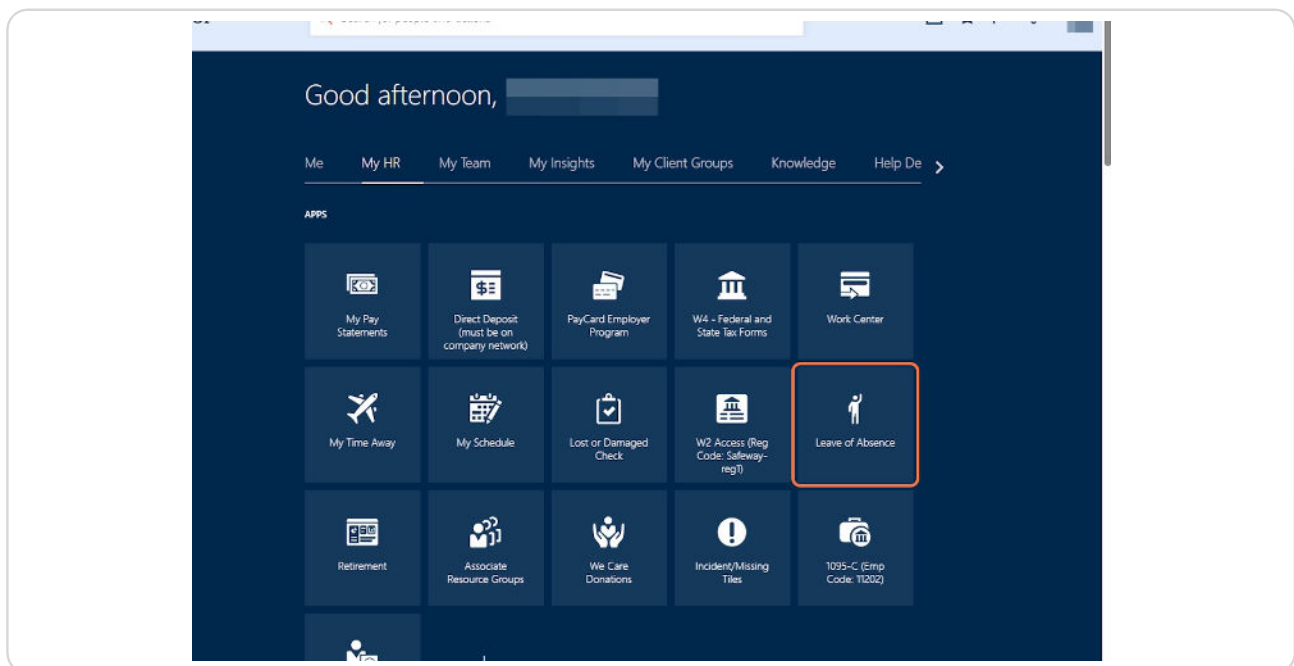
STEP 1

Sign into myACI then click on My HR.



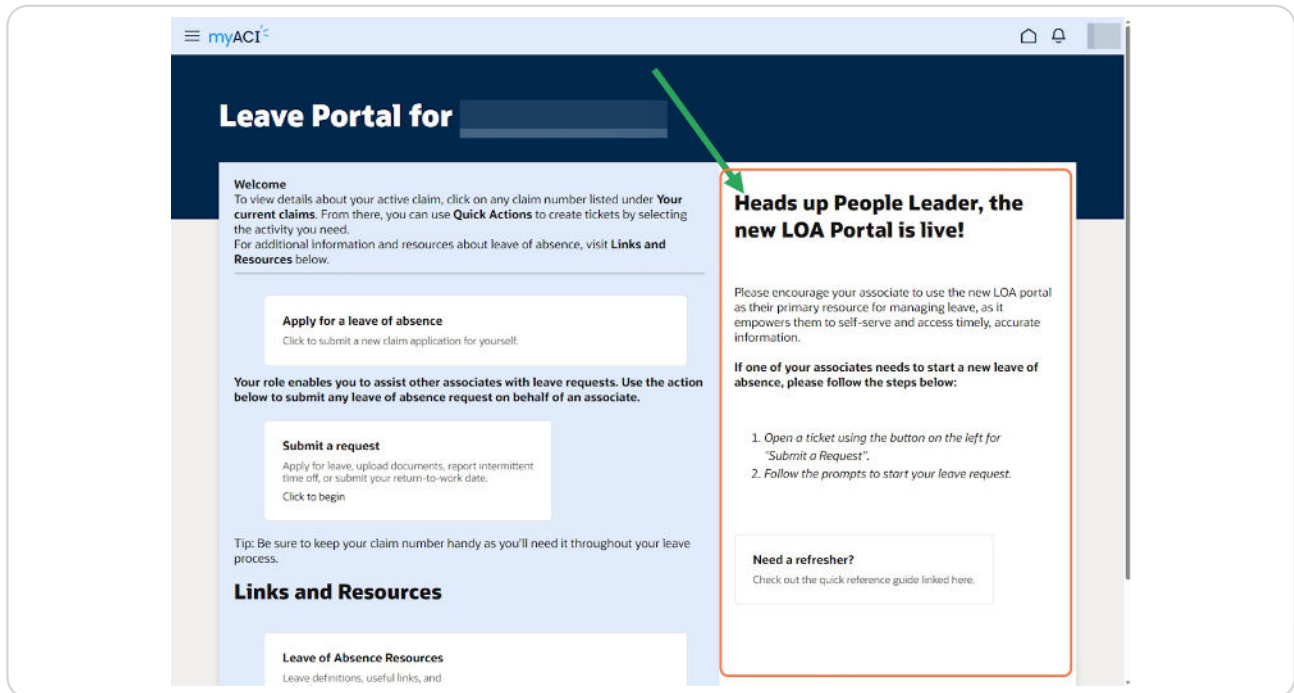
STEP 2

Click on Leave of Absence.



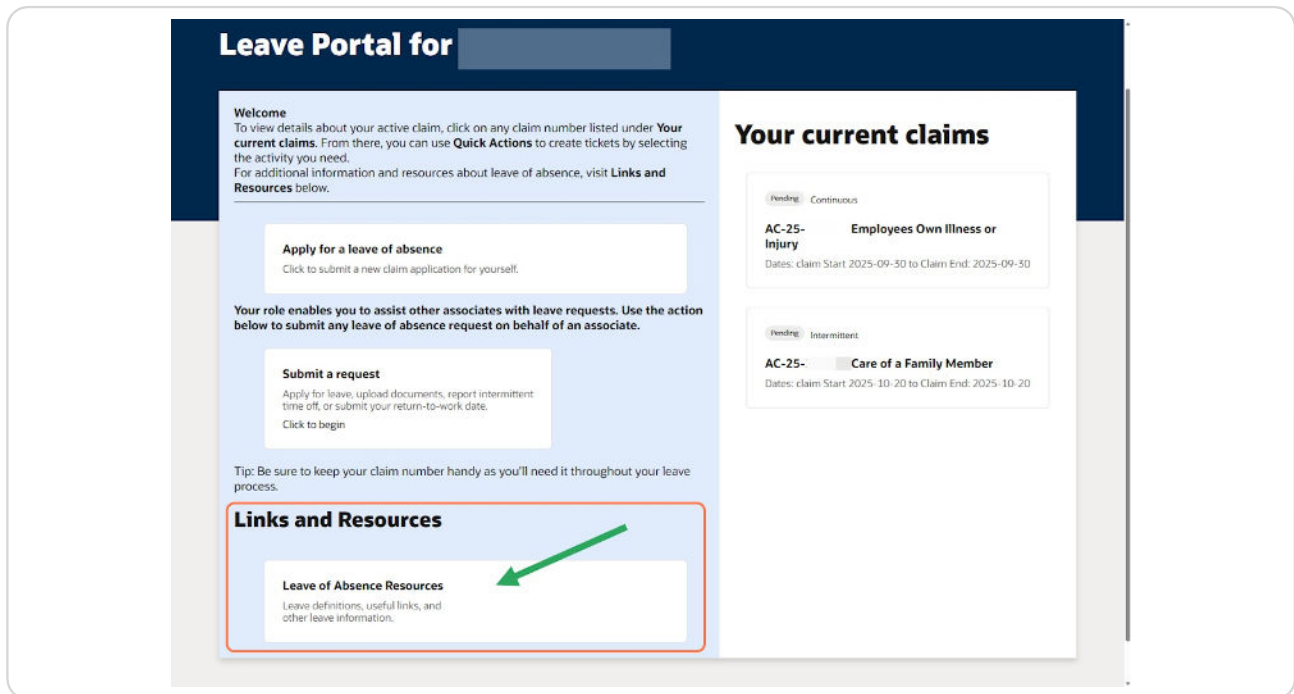
STEP 3

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.



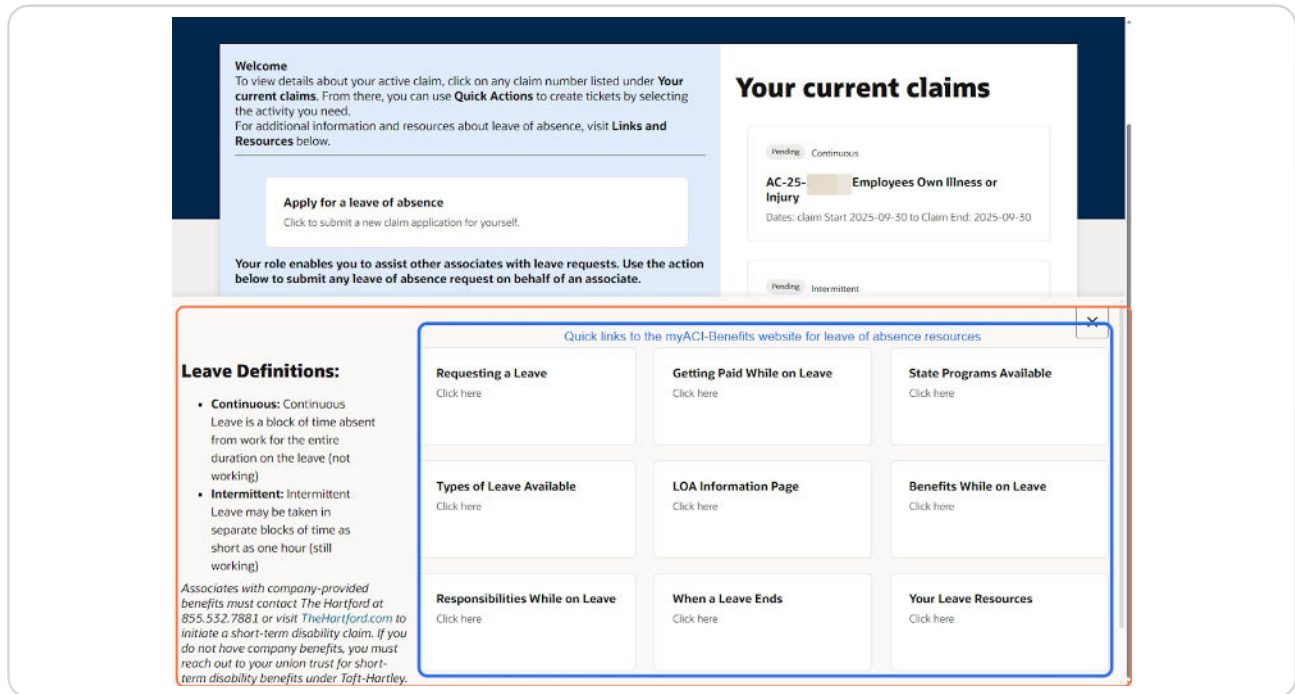
STEP 5

Once you click on the "Leave of Absence Resources" button, the below drawer will slide up with 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.



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



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.

The screenshot shows a dashboard titled "Your current claims". On the left, under a "Welcome" header, there is a section "Apply for a leave of absence" with a red border and the text "Click to submit a new claim application for yourself." Below this is a "Submit a request" section with the text "Apply for leave, upload documents, report intermittent time off, or submit your return to work date. Click to begin". A tip below states: "Tip: Be sure to keep your claim number handy as you'll need it throughout your leave process." At the bottom left is a "Links and Resources" section with a "Leave of Absence Resources" link. On the right, under "Your current claims", there are two claim cards. The first card is for "AC-25- Employees Own Illness or Injury" with dates "claim Start 2025-09-30 to Claim End: 2025-09-30" and a status of "Pending Continuous". The second card is for "AC-25- Care of a Family Member" with dates "claim Start 2025-10-20 to Claim End: 2025-10-20" and a status of "Pending Intermittent".

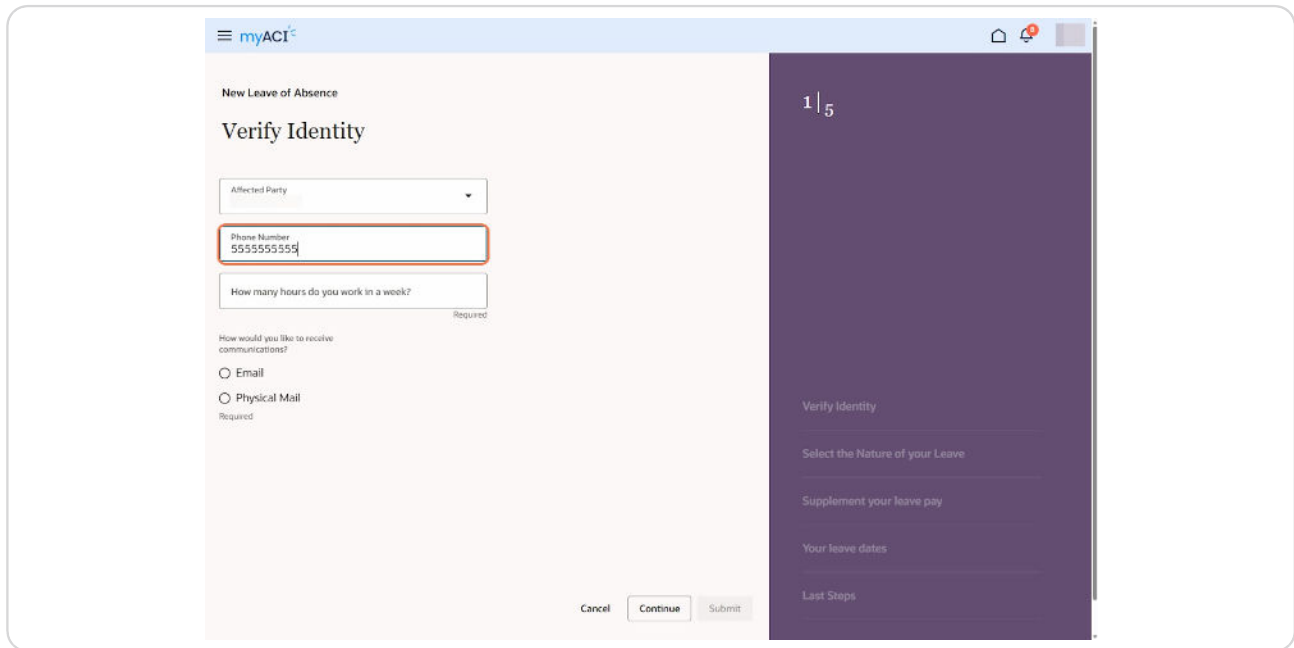
STEP 7

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

The screenshot shows the "New Leave of Absence" form. The "Verify Identity" section is highlighted. It contains a dropdown menu for "Affected Party" with the value "1234567" and a red border. Below this are two required fields: "Phone Number" and "How many hours do you work in a week?". At the bottom of the form are "Cancel", "Continue", and "Submit" buttons. On the right side of the form, there is a purple sidebar with a progress indicator showing "1 | 5" and a list of steps: "Verify Identity", "Select the Nature of your Leave", "Supplement your leave pay", "Your leave dates", and "Last Steps".

STEP 8

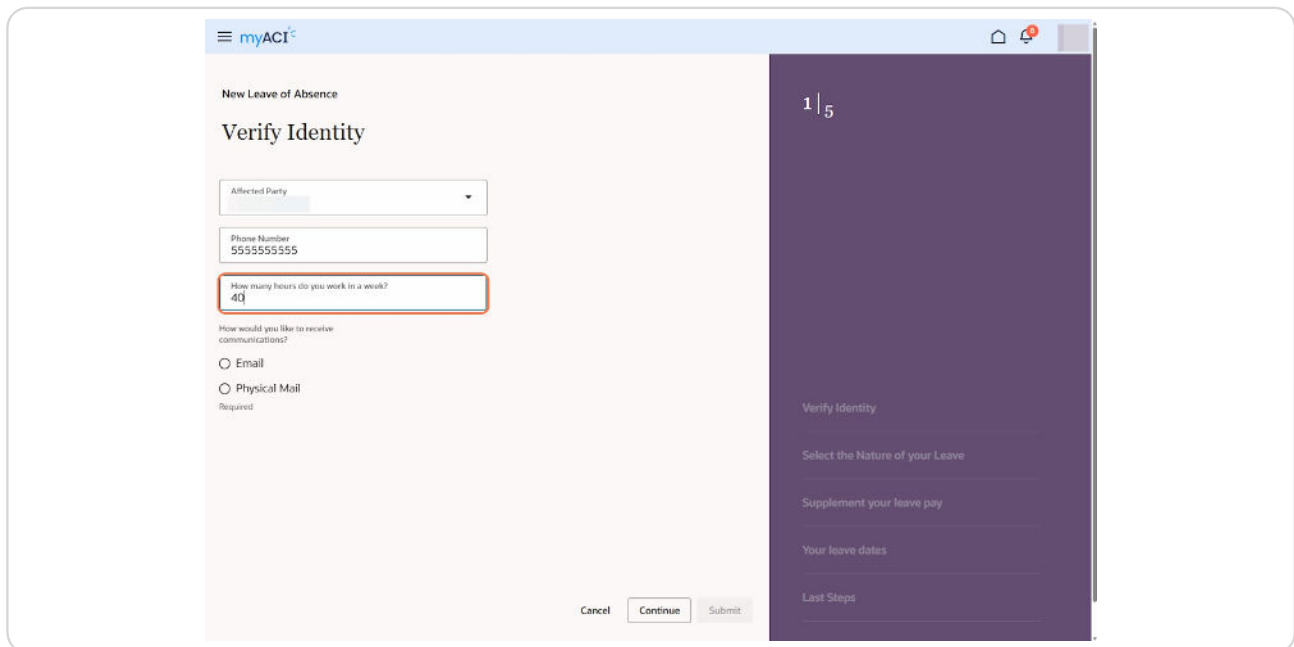
Enter a valid phone number that can be used to reach you during your leave of absence.



The screenshot shows a web application interface for 'myACT'. The main heading is 'New Leave of Absence' and the sub-heading is 'Verify Identity'. There are three input fields: 'Affected Party' (a dropdown menu), 'Phone Number' (a text field containing '5555555555' and highlighted with a red border), and 'How many hours do you work in a week?' (a text field). Below these fields are two radio buttons: 'Email' and 'Physical Mail'. At the bottom right, there are three buttons: 'Cancel', 'Continue', and 'Submit'. On the right side of the screen, there is a dark purple sidebar with a progress indicator '1 | 5' and a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'.

STEP 9

Enter the average hours you work in a week.



The screenshot shows the same web application interface as in Step 8. The 'Phone Number' field now contains '5555555555'. The 'How many hours do you work in a week?' field now contains '40' and is highlighted with a red border. The 'Affected Party' dropdown menu is still empty. The 'Email' radio button is selected. The 'Continue' button is now enabled and highlighted in blue. The sidebar on the right remains the same, showing the progress indicator '1 | 5' and the list of 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 form physical mail delivery.

myACT

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."

myACT

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.

The screenshot shows the 'myACI' portal interface for a 'New Leave of Absence' form. The main heading is 'Select the Nature of your Leave'. Below this, there is a link: 'Want to know about the different leave reason? Click here to find out more'. A dropdown menu is open, showing the following options: Bone Marrow Donation, Care of a Family Member, Employee Own Illness or Injury, Military Leave, Organ Donation, Personal Leave of Absence, Personal Protected Leave, and Pregnancy/Childbirth. The 'Personal Leave of Absence' option is highlighted. At the bottom of the form, there are 'Cancel', 'Continue', and 'Submit' buttons. On the right side of the form, there is a sidebar with a progress indicator '2 | 5' and a list of steps: 'Verify Identity' (completed), 'Select the Nature of your Leave' (current step), 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'.

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)

myACI

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.

The screenshot shows the 'myACI' web application interface for a 'New Leave of Absence'. The page title is 'Select the Nature of your Leave'. The form includes a link for more information, a dropdown for 'Select the reason for your leave' (set to 'Employee Own Illness or Injury'), and another dropdown for 'Were you injured on the job?'. The 'No' option in this second dropdown is highlighted with a red rectangular box. Below this, there are radio buttons for 'Continuous' (selected) and 'Intermittent'. At the bottom are 'Cancel', 'Continue', and 'Submit' buttons. On the right, a dark sidebar shows the progress '2 | 5' and a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'.

STEP 15

Click on "Continue" to proceed.

The screenshot shows a web application interface for 'myACI'. The main heading is 'New Leave of Absence' and the sub-heading is 'Select the Nature of your Leave'. The form is divided into two columns. The left column contains a link to learn more about leave reasons, a dropdown menu for 'Select the reason for your leave' (currently showing 'Employee Own Illness or Injury'), another dropdown for 'Were you injured on the job?' (currently showing 'No'), and a radio button set for 'Continuous' (selected) and 'Intermittent'. The right column is a dark purple sidebar with a progress indicator '2 | 5' and a list of steps: 'Verify Identity' (completed with a checkmark), 'Select the Nature of your Leave' (current step), 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'. At the bottom of the form, there are three buttons: 'Cancel', 'Continue' (highlighted with an orange border), and 'Submit'.

myACI

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

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^{*1}, 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

Back

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) period^{*1}, 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

Use Floating ... Use PTO Use Sick Time

☐ ☐ ☐

Use Vacation ... Use PTO

☐ ☐

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

Cancel Continue Submit

3 | 5

Verify Identity ☒

Select the Nature of your Leave ☒

Supplement your leave pay

Your leave dates

Last Steps

Signature required

STEP 18

Click on "Continue" to proceed.

This screenshot shows the 'Pay Integration' step of a leave request process. The main content area contains several paragraphs of text explaining the requirements for unpaid waiting periods, pay integration, and short-term disability. Below the text, there are radio buttons for 'No' and 'Yes' under the heading 'Supplement leave pay?'. The 'Yes' option is selected. Under 'Yes', there are three toggle switches: 'Use Floating...', 'Use PTO', and 'Use Sick Time'. The 'Use PTO' toggle is currently turned on. Below these toggles, there is a text input field labeled 'Type in your full name (first last) to authorize pay integration.' At the bottom right of the main content area, there are three buttons: 'Cancel', 'Continue' (which is highlighted with a red border), and 'Submit'. On the right side of the screen, there is a dark sidebar with a progress indicator showing '3 | 5' and a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'. The 'Verify Identity' and 'Select the Nature of your Leave' steps are marked with checkmarks.

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).

This screenshot shows the 'Your leave dates' step of a leave request process. The main content area has a header 'New Leave of Absence' and a sub-header 'Your leave dates'. Below this, there are three required date input fields, each with a calendar icon and the label 'Required': 'What is your expected leave start date?', 'What was your last working day?', and 'What is your expected return to work date?'. Each field has a placeholder 'mm/dd/yyyy'. An orange rectangle highlights these three input fields. On the right side of the screen, there is a dark sidebar with a progress indicator showing '4 | 5' and a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'. The 'Verify Identity', 'Select the Nature of your Leave', and 'Supplement your leave pay' steps are marked with checkmarks.

STEP 20

Click on "Continue" to proceed.

myACI

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

Cancel Continue Submit

4 | 5

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

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.

The screenshot shows a web application interface for a 'New Leave of Absence' request. The header bar is light blue with the 'myACI' logo on the left and a home icon with a notification badge on the right. The main content area has a light orange background. It features the title 'New Leave of Absence' and a section titled 'Last Steps'. Below this, a question asks, 'Do you have any documentation supporting your request for LOA?'. A dropdown menu is open, showing 'Select (Single)' at the top, followed by 'No' and 'Yes' options. The 'Yes' option is highlighted. At the bottom of the main area are 'Cancel' and 'Submit' buttons. On the right side, there is a dark purple sidebar with a progress indicator '5 | 5' at the top. The sidebar contains a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps'. Each step has a checkmark icon to its right, indicating it has been completed.

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.

The screenshot shows the 'myACI' web interface for a 'New Leave of Absence' request. The page is titled 'Last Steps' and indicates it is step 5 of 5. A question asks if the user has documentation supporting their request for LOA, with a dropdown menu set to 'Yes'. Below this is a 'Drag and Drop' area for uploading files, which is highlighted with a red rectangular box. The area contains the text 'Select or drop files here' and a table with columns for 'File Name' and 'File Size', currently showing 'No data to display.' At the bottom of the form are 'Cancel' and 'Submit' buttons. On the right side, a dark sidebar shows a progress list with four items: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', and 'Your leave dates', each with a checkmark. The 'Last Steps' item is currently selected.

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.

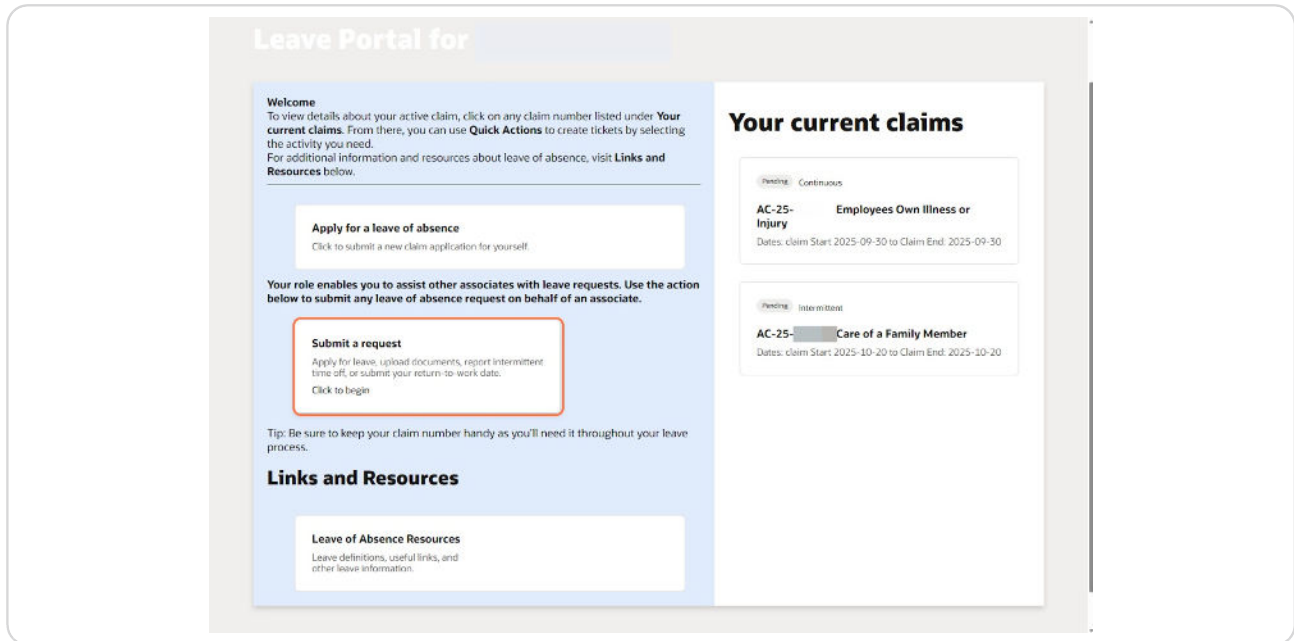
The screenshot shows a web application interface for 'myACI'. The main content area is titled 'New Leave of Absence' and 'Last Steps'. It asks, 'Do you have any documentation supporting your request for LOA?' and provides a dropdown menu with 'Yes' selected. Below this is a 'Drag and Drop' section for uploading files. At the bottom of the form, there are 'Cancel' and 'Submit' buttons. The 'Submit' button is highlighted with a red border. On the right side, a dark sidebar shows a progress indicator with '5 | 5' and a list of steps: 'Verify Identity', 'Select the Nature of your Leave', 'Supplement your leave pay', 'Your leave dates', and 'Last Steps', each with a checkmark indicating completion.



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.



STEP 25

Enter the subject for the leave request.

EXAMPLE: (Associate name) Leave of Absence

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
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

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 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.

The screenshot shows the 'myACI' web interface for a 'Leave of Absence Request'. The page has a light blue header with the 'myACI' logo and a home icon. Below the header, the title 'Leave of Absence Request' is displayed with a close button (X). 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 this says: 'Explore a range of new leave of absence resources on myACI-benefits.com.' The form includes a 'Subject' field with the text 'Peter Jones Leave of Absence'. Below this, a note reads: 'An Affected Party refers to the associate impacted by this ticket. Please ensure the correct associate is designated as the affected party, as this entry could affect pay.' The 'Affected Party' field is a dropdown menu, currently empty, and is highlighted with a red border. Below the dropdown are three horizontal lines for additional information. At the bottom, there is a red 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.' and a 'Drag and Drop' section with the text '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.

The screenshot shows a web form for applying for a Leave of Absence (LOA). At the top, there is a blue banner with the text "Explore a range of new leave of absence resources on myACI-benefits.com." Below this, the "Subject" field is populated with "Peter Jones Leave of Absence". 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 currently empty. The "Nature of request" dropdown menu is open, showing options: "Apply for LOA" (highlighted with a red box), "Update Existing LOA", "Report intermittent leave time off", "Return from LOA", "Submit supporting Document", and "Call Center Inquiry". To the right of the dropdown, there is a "Contact Phone Number" field labeled "Required". Below the dropdown, there is a section for "Continuous" and "Intermittent" leave definitions. Further down, there are three date fields: "What is your expected LOA start date" (Required), "What was your last working day?" (Required), and "What is your expected return to Work Date?" (Required). At the bottom, there is a "How would you like to receive your LOA packet" dropdown.

STEP 28

Enter a valid Contact Phone Number for the associate.

This screenshot shows the same LOA application form as in Step 27, but with the "Contact Phone Number" field highlighted by a red box. The "Nature of request" dropdown is now closed and set to "Apply for LOA". Below the "Contact Phone Number" field, there is a small red error message that says "Enter 10 or fewer characters." Below this, there is a "What is the reason for your leave request?" dropdown labeled "Required". Next to it is a "Continuous or Intermittent?" dropdown with a question mark icon. To the right of this dropdown, there is a section for "Continuous" and "Intermittent" leave definitions. Below this, there is a "Supplement leave pay" dropdown labeled "Required". Further down, there is a text field for "On average, how many hours do you work in a week?" labeled "Required". At the bottom, there are three date fields: "What is your expected LOA start date" (Required), "What was your last working day?" (Required), and "What is your expected return to Work Date?" (Required). At the very bottom, there is a "How would you like to receive your LOA packet" dropdown.

STEP 29

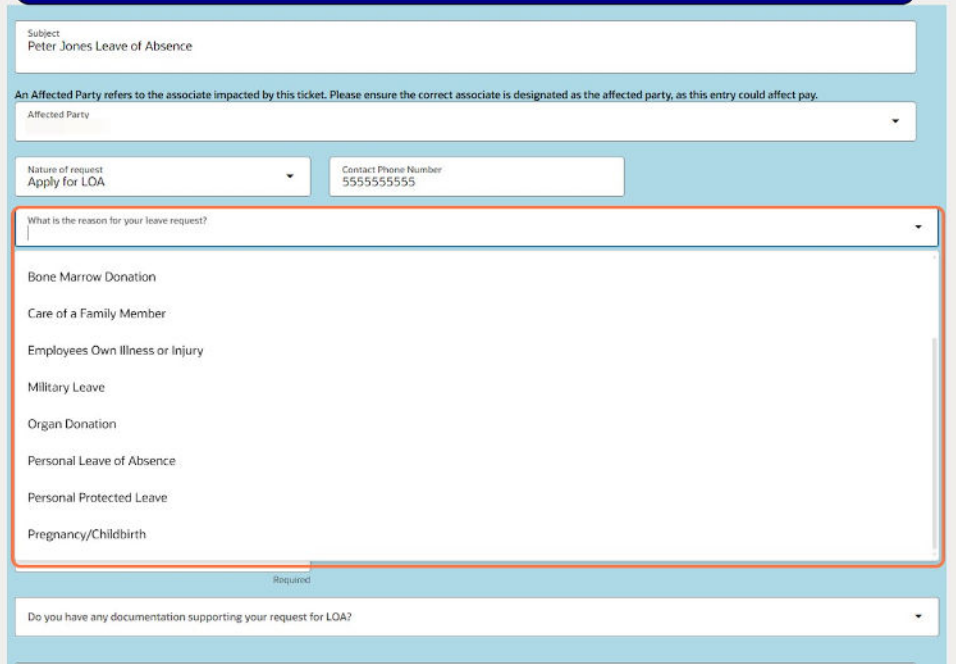
For " What is the reason for your leave request?", select the correct reason for the associates leave request.

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.



The screenshot shows a web form for a leave request. At the top, the subject is "Peter Jones Leave of Absence". Below this 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 empty. The "Nature of request" is set to "Apply for LOA" and the "Contact Phone Number" is "555555555". The dropdown menu "What is the reason for your leave request?" is open, showing a list of options: Bone Marrow Donation, Care of a Family Member, Employees Own Illness or Injury, Military Leave, Organ Donation, Personal Leave of Absence, Personal Protected Leave, and Pregnancy/Childbirth. The "Personal Leave of Absence" option is highlighted. Below the dropdown is a "Required" label and a checkbox for "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)

Explore a range of new leave or absence resources on myALP-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:

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

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 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

How would you like to receive your LOA packet Required

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?

What was your last working day? * ⓘ

What is your expected return to Work Date?

How would you like to receive your LOA packet?

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 a leave of absence. At the top, there is a dropdown menu for 'Continuous or Intermittent?' with 'Continuous' selected. To the right, a red box contains definitions: '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)'. Below this is a dropdown for 'Were you injured on the job?' with 'NO' selected. A red arrow points to a large red-bordered box containing detailed text about short-term disability (STD) benefits, including waiting periods, pay integration, and state programs. Below this box is the 'Supplement leave pay' section, which has a dropdown menu currently showing 'NO'. At the bottom of the form, 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?'. The 'Supplement leave pay' section and the 'Supplement leave pay' dropdown are highlighted with a red border in the image.

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 (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

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) 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 integ... SIGNATURE REQUIRED

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	PTO	
<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

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).

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?
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.

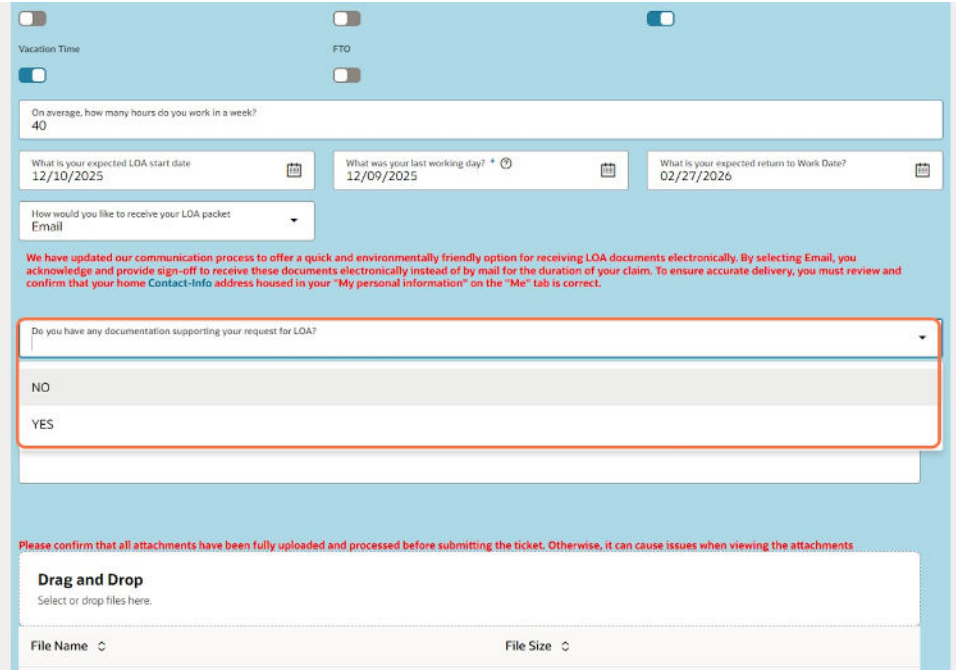
The screenshot shows a web form for submitting a leave of absence (LOA) request. At the top, there are three toggle switches: 'Floating Holidays' (off), 'Vacation Time' (on), and 'PTO' (off). Below these are three date pickers: 'What is your expected LOA start date?' (12/10/2025), 'What was your last working day?' (12/09/2025), and 'What is your expected return to Work Date?' (02/27/2026). A dropdown menu labeled 'How would you like to receive your LOA packet?' is open, showing 'Email' and 'Physical Mail' options. Below this is a 'Description' field. A red warning message states: 'Please confirm that all attachments have been fully uploaded and processed before submitting the ticket. Otherwise, it can cause issues when viewing the attachments'. At the bottom, there is a 'Drag and Drop' section with the text 'Select or drop files here.' and a table with columns 'File Name' and 'File Size', currently showing '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.



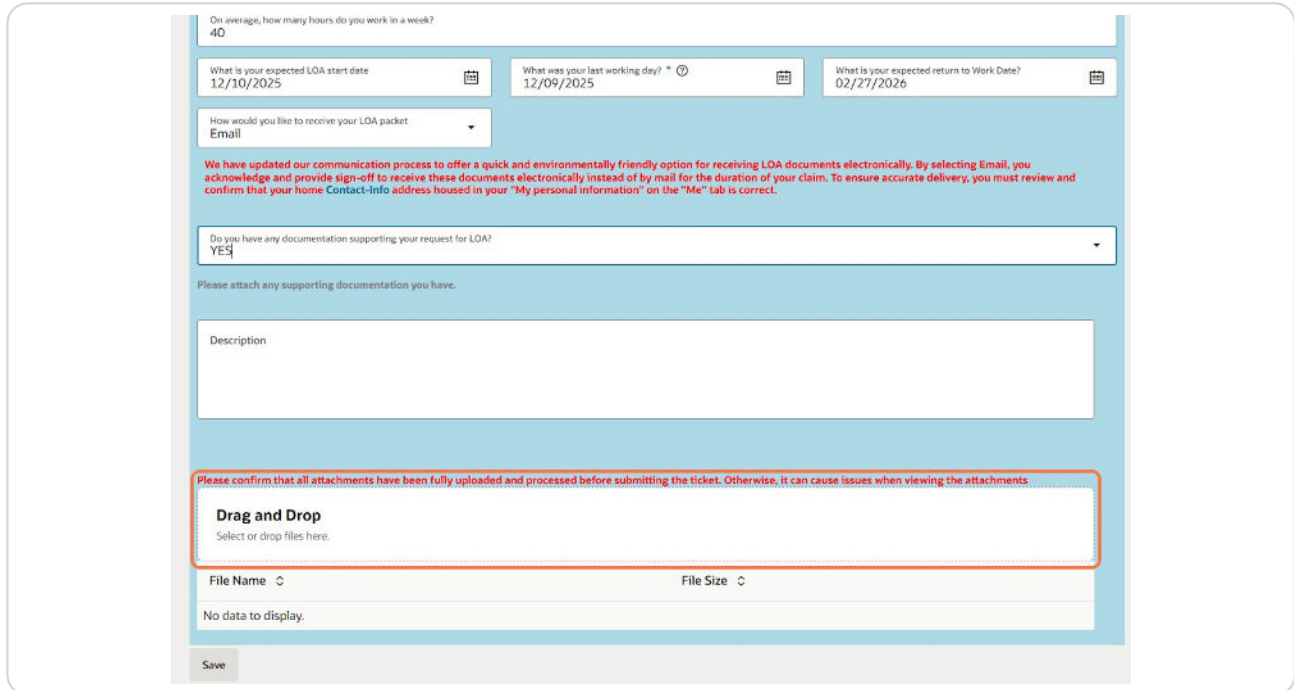
The screenshot shows a web form for a leave request. At the top, there are three toggle switches: "Vacation Time" (checked), "FTO" (unchecked), and another (checked). Below these are three date pickers: "On average, how many hours do you work in a week?" (40), "What is your expected LOA start date?" (12/10/2025), "What was your last working day?" (12/09/2025), 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?" is set to "Email". A red notice 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." Below this is a dropdown menu for "Do you have any documentation supporting your request for LOA?" with options "NO" and "YES". The "YES" option is highlighted with an orange border. At the bottom, there is a "Drag and Drop" section for file uploads, with a table showing "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.



The screenshot shows a web form with a light blue header and a white body. The form contains several input fields and a file upload section. At the top, there is a text input field for "On average, how many hours do you work in a week?" with the value "40". Below this are three date pickers: "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?" is set to "Email". A red text block informs the user about the updated communication process for receiving LOA documents electronically. Below this is a dropdown menu for "Do you have any documentation supporting your request for LOA?" set to "YES". A text area for "Description" is present. A red-bordered box highlights the "Drag and Drop" section, which includes a "Select or drop files here." prompt and a table with columns "File Name" and "File Size". The table currently shows "No data to display." A "Save" button is at the bottom left.

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.

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 ↕

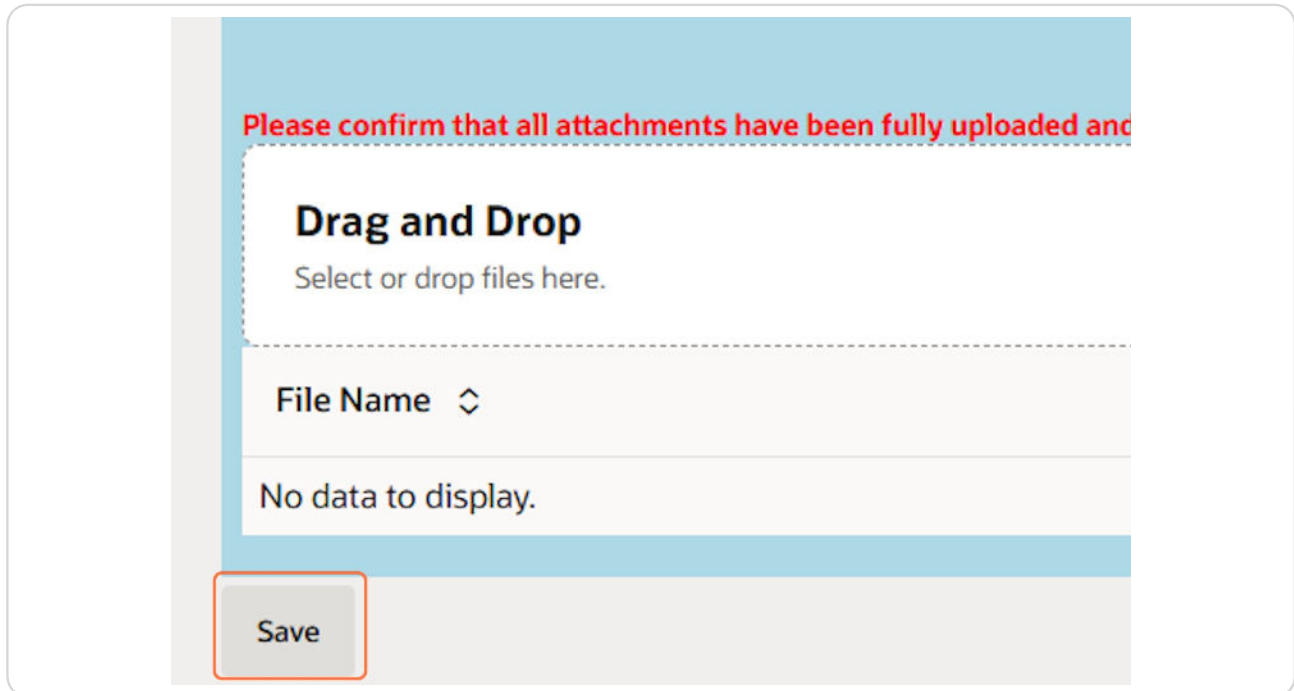
No data to display.

Save

STEP 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.



Please confirm that all attachments have been fully uploaded and

Drag and Drop
Select or drop files here.

File Name ↕

No data to display.

Save