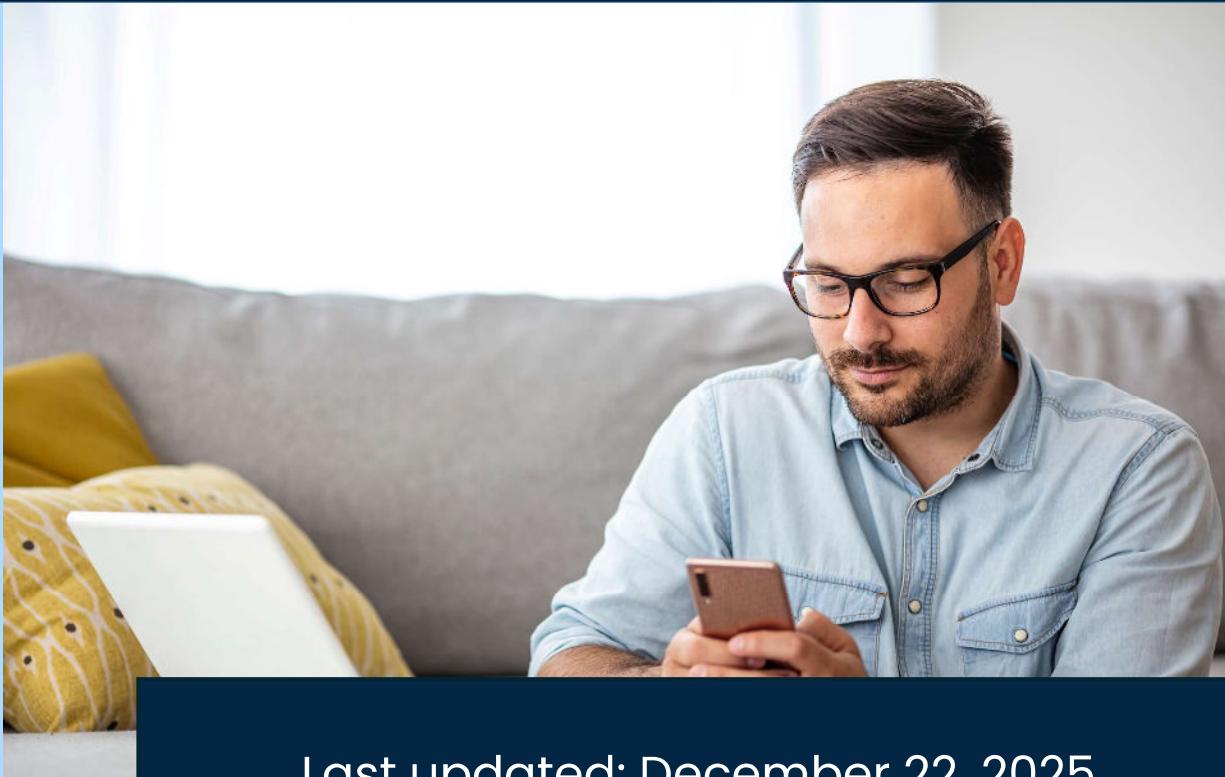


QRG

Quick Reference Guide (1-24 Steps)

How to Report Intermittent FMLA Time Off for an Existing Claim

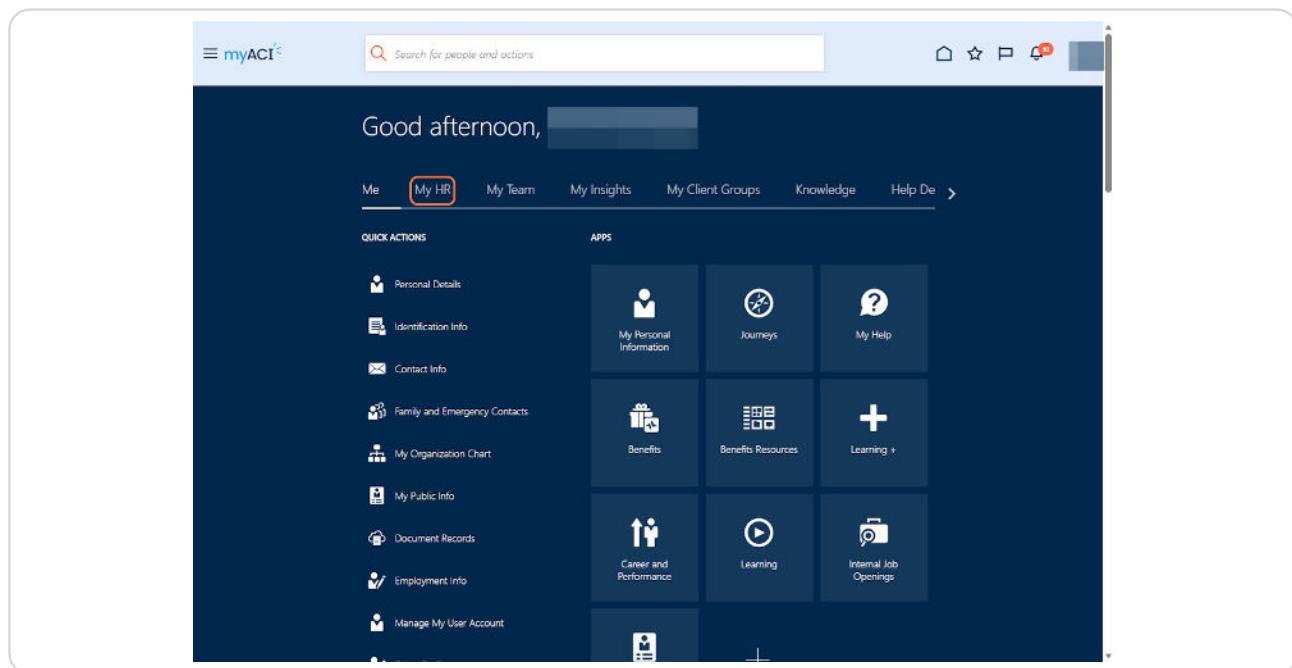
This QRG is for managers, HR representatives and associates who need to report intermittent FMLA usage either for themselves or on behalf of an associate.



Last updated: December 22, 2025

STEP 1

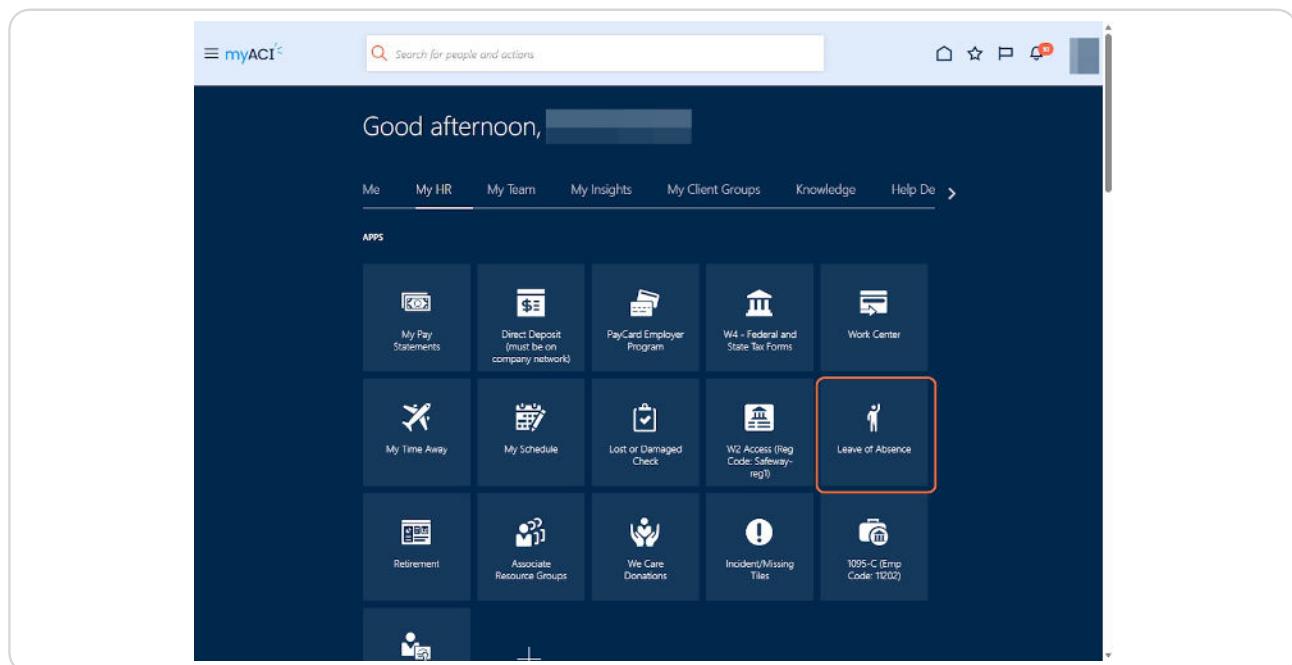
Sign in to myACI then click on My HR.



The screenshot shows the myACI application interface. At the top, there is a navigation bar with links for 'Me', 'My HR' (which is highlighted with an orange border), 'My Team', 'My Insights', 'My Client Groups', 'Knowledge', and 'Help De'. Below the navigation bar is a search bar labeled 'Search for people and actions'. The main content area starts with a greeting 'Good afternoon, [redacted]'. Below the greeting is a 'QUICK ACTIONS' section containing ten items: 'Personal Details', 'Identification Info', 'Contact Info', 'Family and Emergency Contacts', 'My Organization Chart', 'My Public Info', 'Document Records', 'Employment Info', and 'Manage My User Account'. To the right of the quick actions is a 'APPS' section arranged in a 4x3 grid. The grid contains the following items: 'My Personal Information' (person icon), 'Journeys' (globe icon), 'My Help' (question mark icon); 'Benefits' (gift icon), 'Benefits Resources' (grid icon), 'Learning +' (plus sign icon); 'Career and Performance' (person icon), 'Learning' (play button icon), and 'Internal Job Openings' (camera icon). The background of the interface is dark blue.

STEP 2

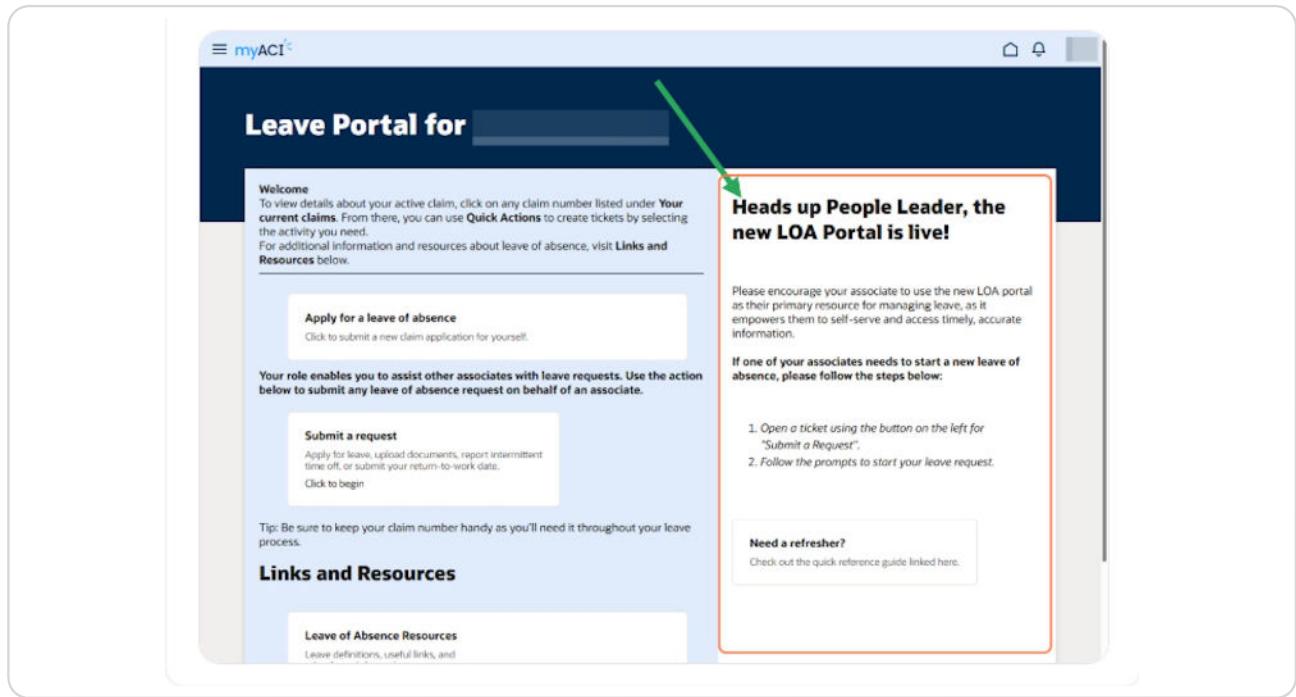
Click on Leave of Absence



The screenshot shows the 'My HR' page of the myACI application. The navigation bar at the top is identical to the previous screenshot. The main content area starts with a greeting 'Good afternoon, [redacted]'. Below the greeting is a 'APPS' section arranged in a 4x5 grid. The grid contains the following items: 'My Pay Statements' (calculator icon), 'Direct Deposit (must be on company network)' (dollar sign icon), 'PayCard Employer Program' (credit card icon), 'W4 - Federal and State Tax Forms' (tax document icon), 'Work Center' (document icon); 'My Time Away' (airplane icon), 'My Schedule' (calendar icon), 'Lost or Damaged Check' (checkmark icon), 'W2 Access (Req. Code: Safeway-regT)' (tax document icon), 'Leave of Absence' (person icon, which is highlighted with an orange border); 'Retirement' (pension fund icon), 'Associate Resource Groups' (two people icon), 'We Care Donations' (person icon), 'Incident/Missing Tires' (exclamation mark icon), and '1095-C (Emp. Code: 11202)' (camera icon). The background of the interface is dark blue.

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.

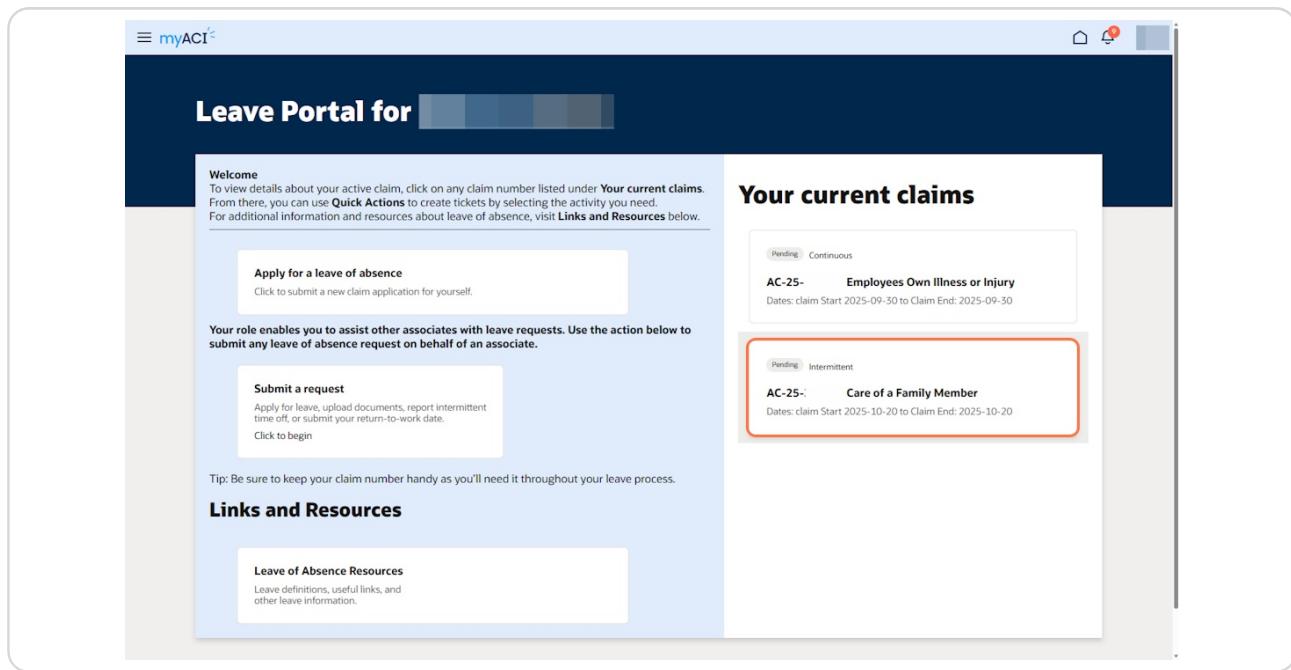


i If you are an HR/People Leader Reporting Intermittent Time on behalf of an associate, skip to step 13.

i If you are an associate Reporting Intermittent Time for yourself, proceed to step 4.

STEP 4

Click on the claim number that you are reporting intermittent time for.



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.

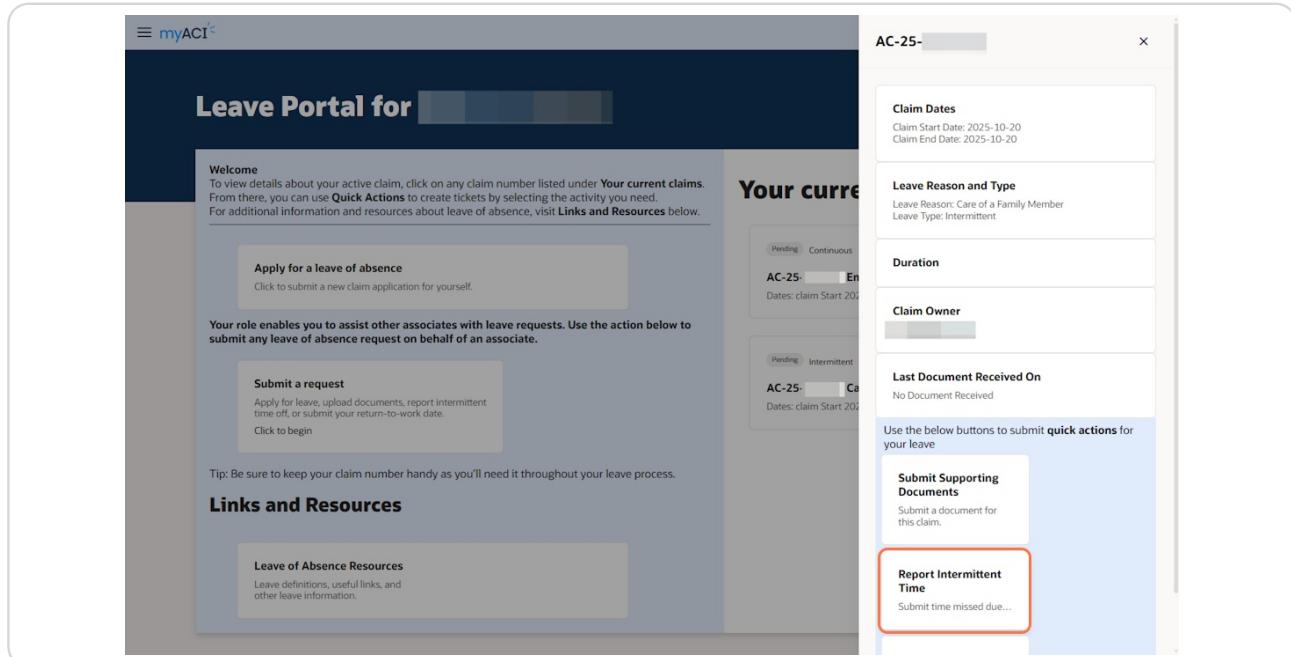
Your current claims

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

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

STEP 5

Click on "Report Intermittent Time" in the quick actions section.



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
Pending Continuous
Dates: claim Start 2025-09-30 to Claim End: 2025-09-30

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

AC-25-

Claim Dates
Claim Start Date: 2025-10-20
Claim End Date: 2025-10-20

Leave Reason and Type
Leave Reason: Care of a Family Member
Leave Type: Intermittent

Duration

Claim Owner

Last Document Received On
No Document Received

Use the below buttons to submit **quick actions** for your leave.

Submit Supporting Documents
Submit a document for this claim.

Report Intermittent Time
Submit time missed due...

STEP 6

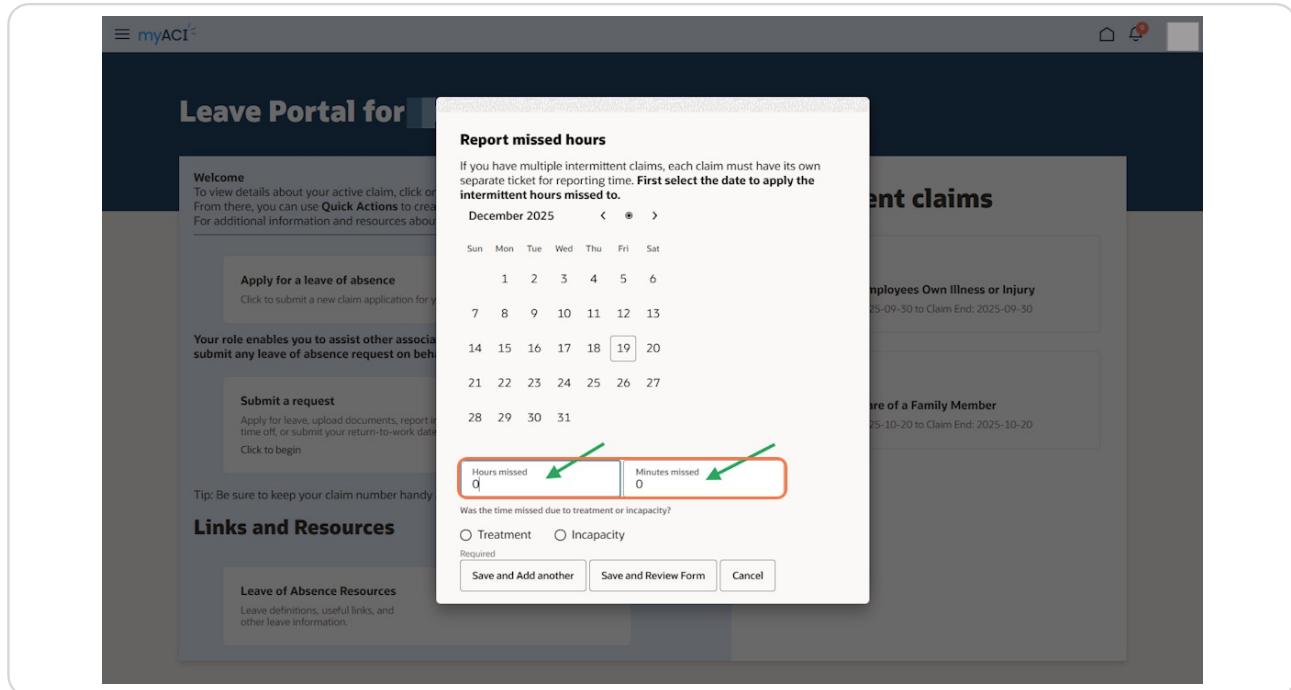
Select the date that you used intermittent hours.

The screenshot shows the myACI Leave Portal for AC-25. The main page has a dark header with the myACI logo and a navigation menu. Below the header, the title 'Leave Portal for' is displayed. The main content area is titled 'Report missed hours' with a sub-instruction: 'If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. First select the date to apply the intermittent hours missed to.' A calendar for December 2025 is shown, with the date '19' highlighted. Below the calendar, there are fields for 'Hours missed' (0) and 'Minutes missed' (0). At the bottom of the calendar section, there are radio buttons for 'Treatment' and 'Incapacity', with 'Treatment' selected. A note below the radio buttons says 'Required'. At the bottom right of the calendar section are three buttons: 'Save and Add another', 'Save and Review Form', and 'Cancel'. To the right of the calendar, a sidebar displays 'Claim Dates' (Claim Start Date: 2025-10-20, Claim End Date: 2025-10-20), 'Leave Reason and Type' (Leave Reason: Care of a Family Member, Leave Type: Intermittent), 'Duration' (empty), 'Claim Owner' (empty), and 'Last Document Received On' (No Document Received). Below these, a note says 'Use the below buttons to submit quick actions for your leave' with buttons for 'Submit Supporting Documents' and 'Report Intermittent Time'.

STEP 7

Enter how many intermittent hours and minutes were used on the date you've just selected.

EXAMPLE: If you used 4 hours and 30 minutes, enter 4 in the "Hours missed" field and enter 30 in the "Minutes missed" field.



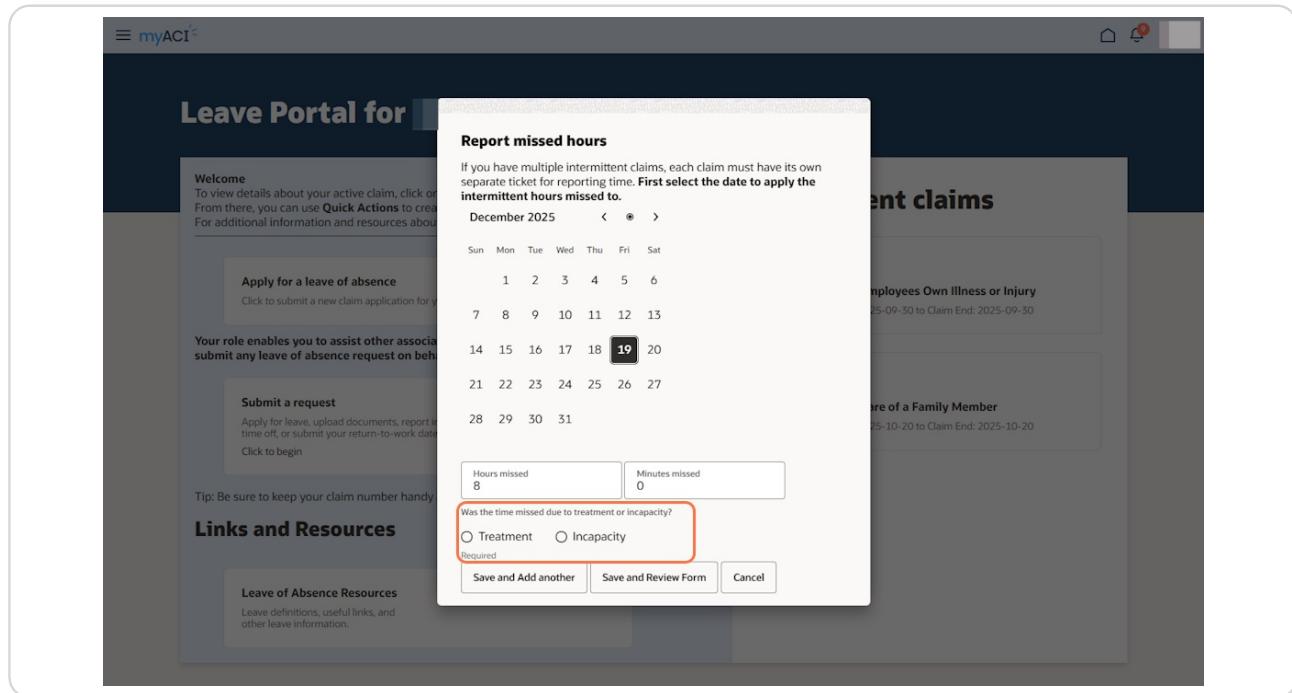
The screenshot shows the 'Leave Portal for' interface. A modal window titled 'Report missed hours' is open. The modal contains a calendar for December 2025, with the 19th selected. Below the calendar are two input fields: 'Hours missed' (containing '0') and 'Minutes missed' (containing '0'). Both input fields are highlighted with a red box and have green arrows pointing to them from the left. At the bottom of the modal, there is a question 'Was the time missed due to treatment or incapacity?' followed by two radio button options: 'Treatment' and 'Incapacity'. The 'Treatment' option is selected. At the very bottom of the modal are three buttons: 'Save and Add another', 'Save and Review Form', and 'Cancel'.

STEP 8

Select the reason for taking intermittent hours: Incapacity or Treatment

Incapacity: Medical treatment or recovery periods or flare-ups of a chronic condition for own serious health condition or to care for a family member with a serious health condition.

Treatment: Scheduled medical appointment.



myACI

Leave Portal for

Welcome

To view details about your active claim, click on the claim number. From there, you can use Quick Actions to create a new claim or edit an existing one. For additional information and resources about your claim, click on the 'Leave of Absence Resources' link.

Apply for a leave of absence

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

Your role enables you to assist other associates with their leave of absence requests. Click to begin.

Submit a request

Apply for leave, upload documents, report intermittent hours missed, request time off, or submit your return-to-work date.

Tip: Be sure to keep your claim number handy.

Links and Resources

Leave of Absence Resources

Leave definitions, useful links, and other leave information.

Report missed hours

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. First select the date to apply the intermittent hours missed to.

December 2025

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Hours missed: 8 Minutes missed: 0

Was the time missed due to treatment or incapacity?

Treatment Incapacity

Required

Save and Add another Save and Review Form Cancel

Employee Own Illness or Injury

25-09-30 to Claim End: 2025-09-30

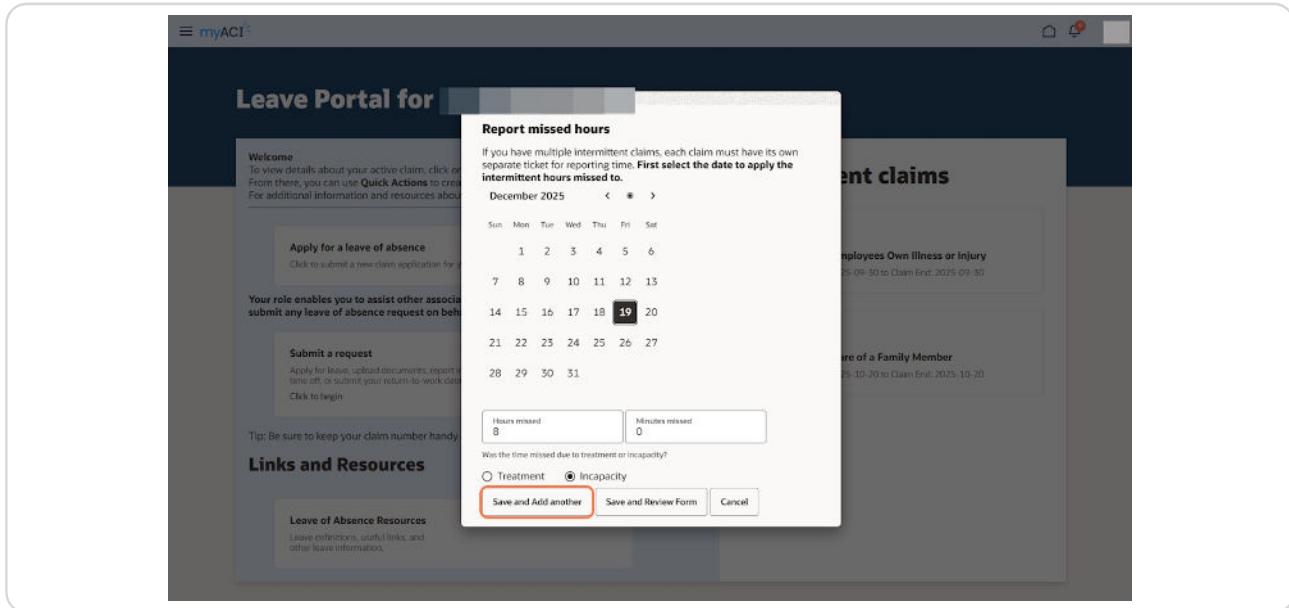
Care of a Family Member

25-10-20 to Claim End: 2025-10-20

STEP 9

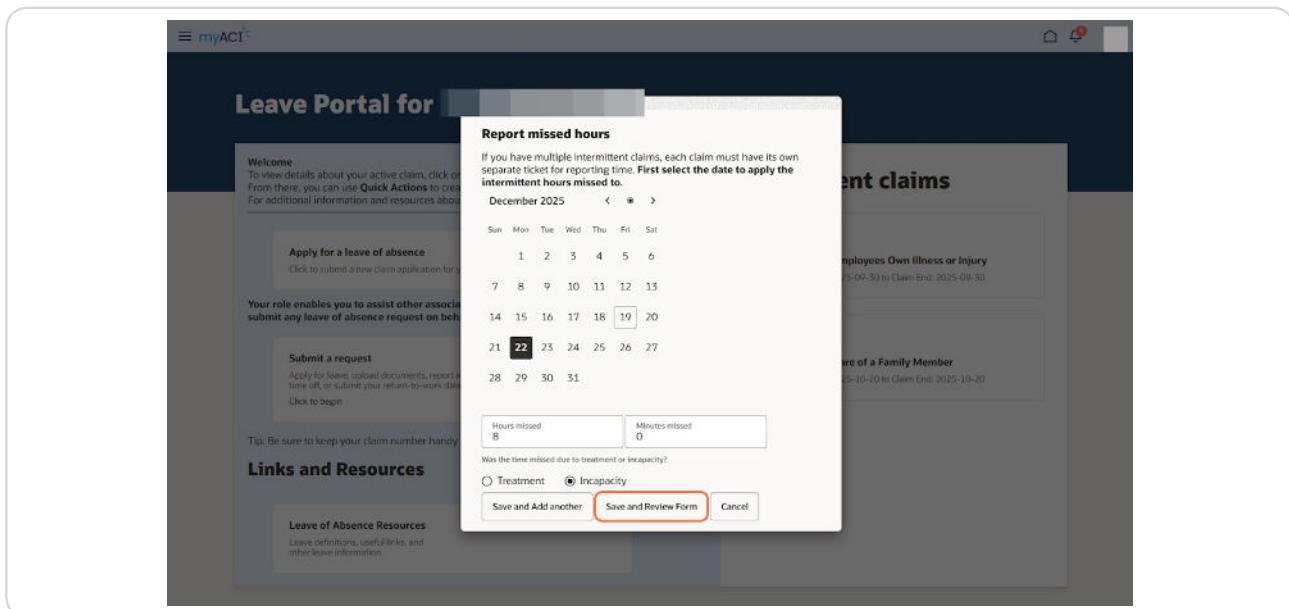
If needing to report intermittent hours for more than 1 day, click on "Save and Add another" and repeat steps 6 – 8.

If no additional hours need to be reported, proceed to step 10.



STEP 10

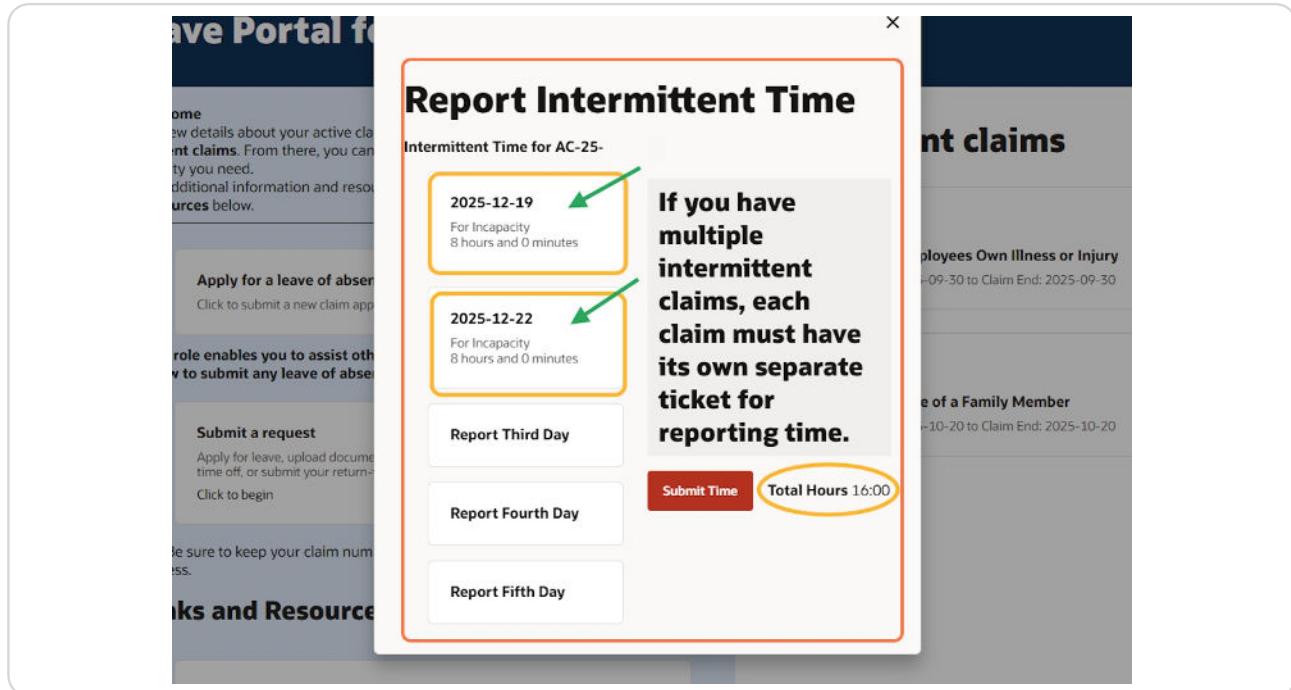
When all hours have been reported, click on "Save and Review Form"



STEP 11

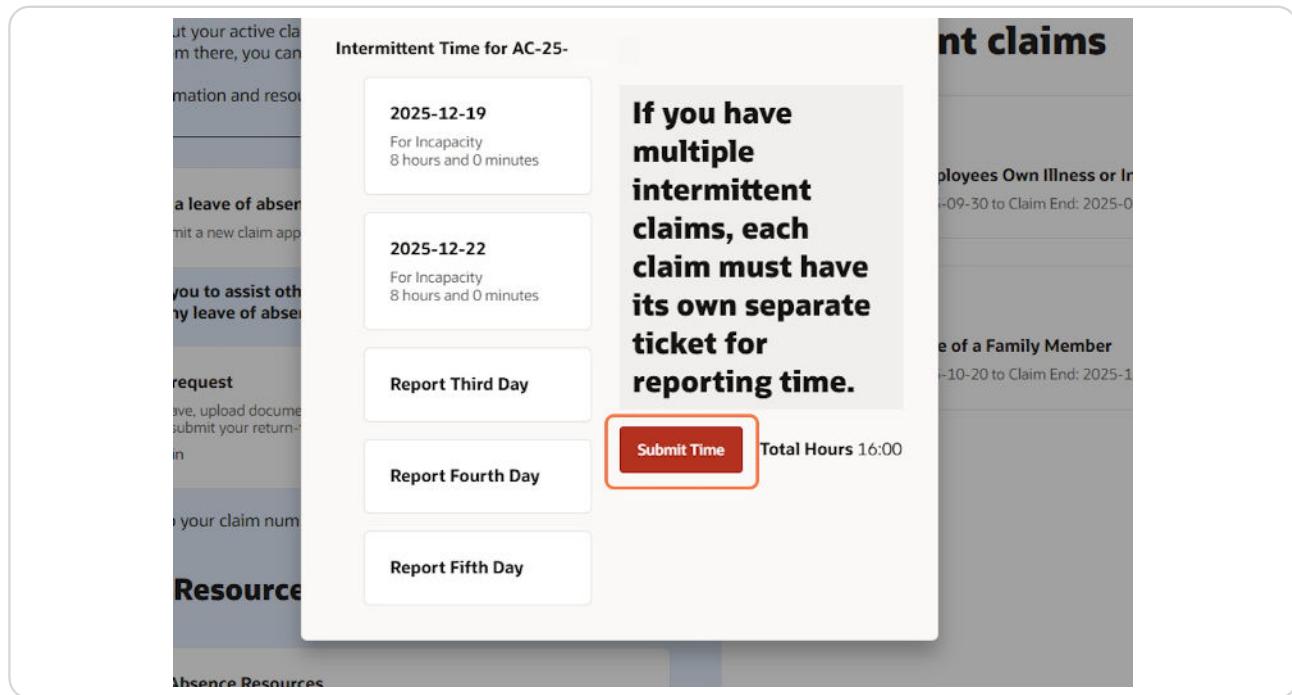
Review the "Report Intermittent Time" to confirm the information you entered is correct.

IMPORTANT: Verify that the reported date, hours/minutes, and reason for the intermittent reporting is correct.



STEP 12

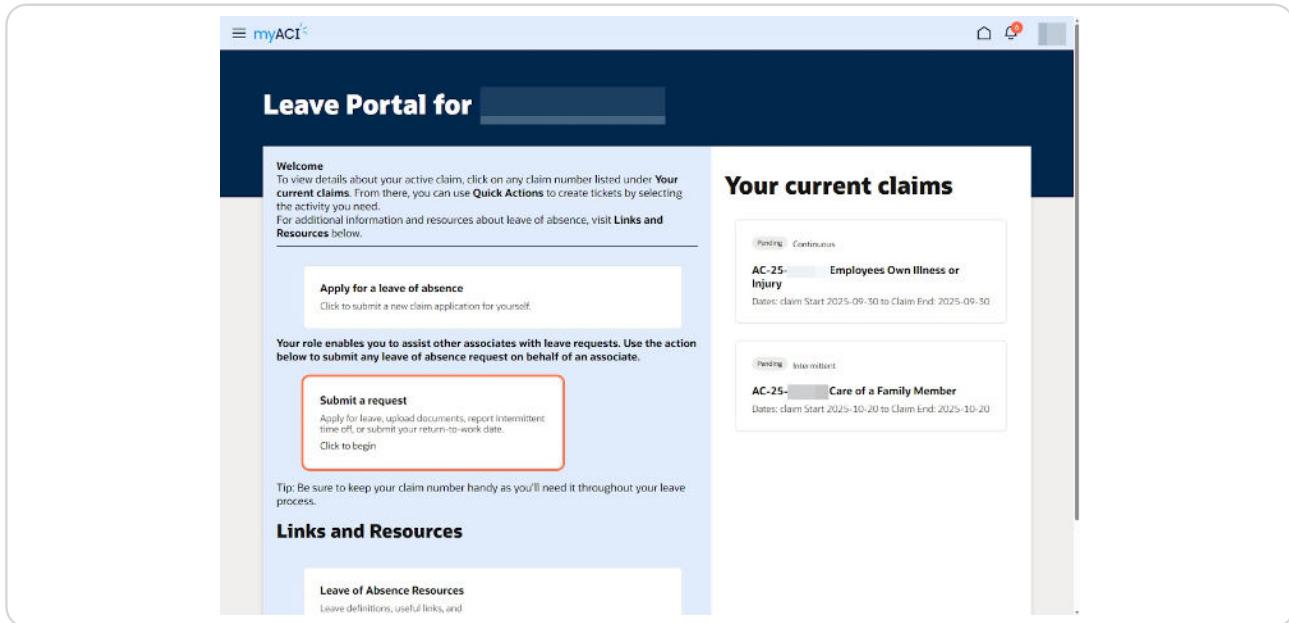
Click on "Submit Time" to report the intermittent hours used.



HR/People Leader Reporting Intermittent Time on behalf of an associate, start here.

STEP 13

Click on "Submit a request" to navigate to report intermittent leave time off request.



STEP 14

Enter the reason for the report Intermittent leave time off request.

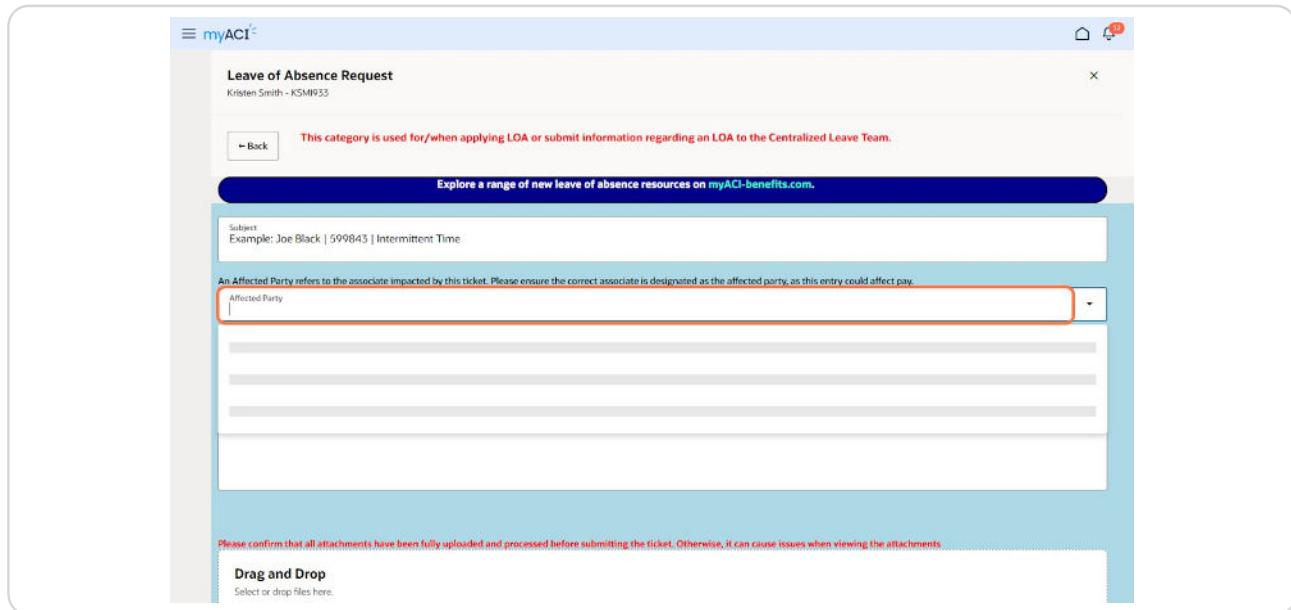
EXAMPLE: Joe Black | 599843 | Intermittent Time

A screenshot of the "Leave of Absence Request" form. The top bar says "Leave of Absence Request". Below it, a message says "This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team." A blue bar at the top right says "Explore a range of new leave of absence resources on myACI-benefits.com". The form has fields for "Subject" (a required field), "Affected Party" (a dropdown menu), "Nature of request" (a dropdown menu, marked as required), and "Description". At the bottom, there is a note: "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 this is a "Drag and Drop" area with the text "Click here to attach files".

STEP 15

In the Affected Party, enter the Employee ID (EID) of the associate who you are needing to report intermittent hours for.

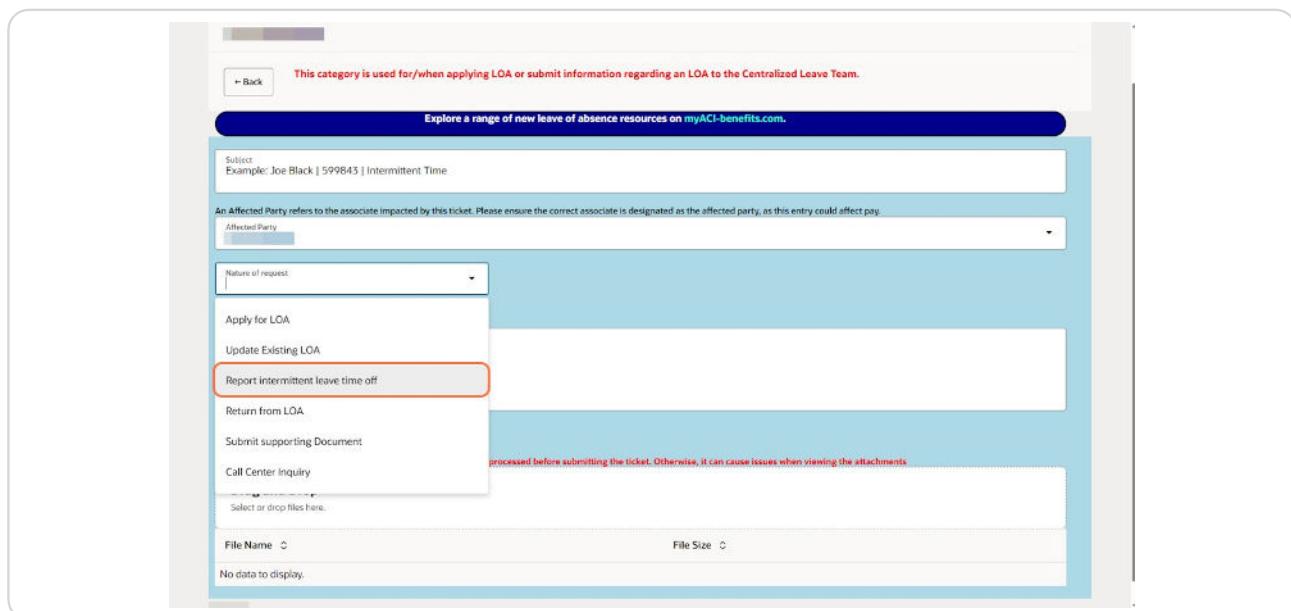
An Affected Party refers to the associate impacted by this ticket.



The screenshot shows the 'Leave of Absence Request' page on the myACI website. At the top, it says 'Leave of Absence Request' and 'Kristen Smith - KSM933'. Below that is a note: 'This category is used for/when applying LOA or submit information regarding an LOA to the Centralized Leave Team.' A 'Back' button is available. A banner at the top of the form area says 'Explore a range of new leave of absence resources on myACI-benefits.com.' The 'Subject' field contains 'Example: Joe Black | 599843 | Intermittent Time'. The 'Affected Party' field is highlighted with a red box and contains 'Affected Party'. Below the form is a note: '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 is present with the instruction 'Select or drop files here.'

STEP 16

Select "Report Intermittent leave time off from request category.



The screenshot shows the 'Leave of Absence Request' page on the myACI website. The 'Affected Party' field is filled with 'Affected Party'. The 'Nature of request' dropdown is open, showing several options: 'Apply for LOA', 'Update Existing LOA', 'Report intermittent leave time off' (which is highlighted with a red box), 'Return from LOA', 'Submit supporting Document', 'Call Center Inquiry', and 'Select or drop files here.' Below the dropdown is a note: '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 is present with the instruction 'Select or drop files here.' At the bottom, there are fields for 'File Name' and 'File Size'.

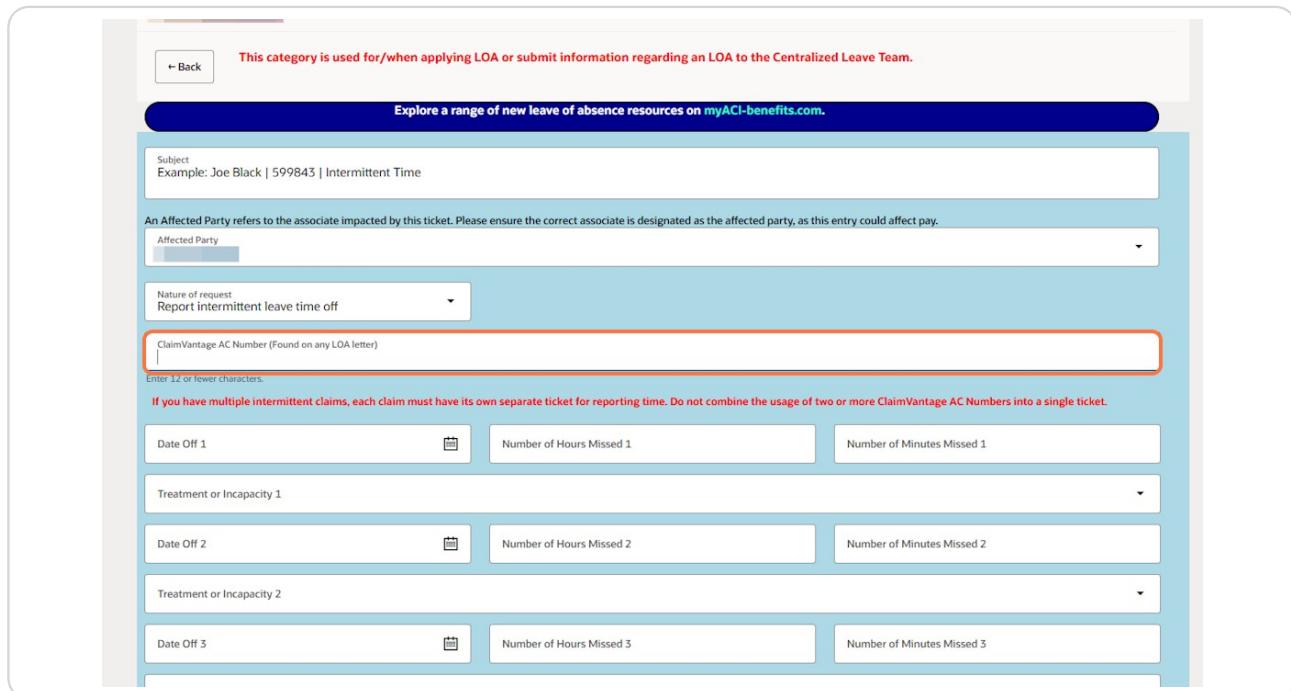
STEP 17

Enter the leave of absence claim number (ClaimVantage AC#). This can be found on email notifications that are sent from the Centralized Leave Team (CLT).

EXAMPLE: AC-24-123456.

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

NOTE: If you are reporting for multiple intermittent claims, each claim must have its own separate ticket for reporting time. **DO NOT** combine the usage of two or more ClaimVantage AC Numbers into a single ticket.



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
Example: Joe Black | 599843 | Intermittent Time

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
Report intermittent leave time off

ClaimVantage AC Number (Found on any LOA letter)
Enter 12 or fewer characters.

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.

Date Off 1	Number of Hours Missed 1	Number of Minutes Missed 1
Treatment or Incapacity 1		
Date Off 2	Number of Hours Missed 2	Number of Minutes Missed 2
Treatment or Incapacity 2		
Date Off 3	Number of Hours Missed 3	Number of Minutes Missed 3

STEP 18

Select the date that intermittent hours were used.

Report intermittent leave time off

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

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.

Date Off 1

November 2025

S	M	T	W	T	F	S
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Number of Hours Missed 1

Number of Minutes Missed 1

Number of Hours Missed 2

Number of Minutes Missed 2

Number of Hours Missed 3

Number of Minutes Missed 3

Number of Hours Missed 4

Number of Minutes Missed 4

Treatment or Incapacity 4

Date Off 5

Number of Hours Missed 5

Number of Minutes Missed 5

Treatment or Incapacity 5

Description

STEP 19

Type in how many intermittent hours were used on the date you've just selected.

NOTE: You can only enter whole numbers in this box (e.g., 4, not 4.5 or 4 1/2).

EXAMPLE: If you used 4 hours and 30 minutes, enter 4 under "Number of Hours Missed 1". Then, enter 30 under "Number of Minutes Missed 1" (see step 21 below).

Nature of request
Report intermittent leave time off

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

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.

Date Off	Number of Hours Missed	Number of Minutes Missed
Date Off 1 11/03/2025	Number of Hours Missed 1	Number of Minutes Missed 1
Date Off 2	Number of Hours Missed 2	Number of Minutes Missed 2
Date Off 3	Number of Hours Missed 3	Number of Minutes Missed 3
Date Off 4	Number of Hours Missed 4	Number of Minutes Missed 4
Date Off 5	Number of Hours Missed 5	Number of Minutes Missed 5

Treatment or Incapacity 1

Treatment or Incapacity 2

Treatment or Incapacity 3

Treatment or Incapacity 4

Treatment or Incapacity 5

Description

STEP 20

Type in how many intermittent minutes used on the date you've just selected.

NOTE: You can only enter whole numbers in this box.

EXAMPLE: If you used 4 hours and 30 minutes, enter 4 under "Number of Hours Missed 1" (see step 20 above). Then, enter 30 under "Number of Minutes Missed 1."

AC-24-123456		
If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.		
Date Off 1 11/03/2025	Number of Hours Missed 1 8	Number of Minutes Missed 1
Treatment or Incapacity 1	Required	
Date Off 2	Number of Hours Missed 2	Number of Minutes Missed 2
Treatment or Incapacity 2		
Date Off 3	Number of Hours Missed 3	Number of Minutes Missed 3
Treatment or Incapacity 3		
Date Off 4	Number of Hours Missed 4	Number of Minutes Missed 4
Treatment or Incapacity 4		
Date Off 5	Number of Hours Missed 5	Number of Minutes Missed 5
Treatment or Incapacity 5		
Description		

STEP 21

Select the reason for taking intermittent hours: Incapacity or Treatment

Incapacity: Medical treatment or recovery periods or flare-ups of a chronic condition for own serious health condition or to care for a family member with a serious health condition.

Treatment: Scheduled medical appointment.

AC-24-123456

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.

Date Off 1 11/03/2025	Number of Hours Missed 1 8	Number of Minutes Missed 1 0
Treatment or Incapacity 1		
Treatment Incapacity		
Treatment or Incapacity 2		
Date Off 3	Number of Hours Missed 3	Number of Minutes Missed 3
Treatment or Incapacity 3		
Date Off 4	Number of Hours Missed 4	Number of Minutes Missed 4
Treatment or Incapacity 4		
Date Off 5	Number of Hours Missed 5	Number of Minutes Missed 5
Treatment or Incapacity 5		
Description		

STEP 22

If needing to report intermittent hours for more than 1 day, repeat steps 19 – 22.

NOTE: If needing to report intermittent hours for more than 5 days, you will need to submit a new ticket for that claim.

AC-24-123456

If you have multiple intermittent claims, each claim must have its own separate ticket for reporting time. Do not combine the usage of two or more ClaimVantage AC Numbers into a single ticket.

Date Off	Number of Hours Missed	Number of Minutes Missed
Date Off 1 11/03/2025	8	0
Treatment or Incapacity 1 Incapacity		
Date Off 2	Number of Hours Missed 2	Number of Minutes Missed 2
Treatment or Incapacity 2		
Date Off 3	Number of Hours Missed 3	Number of Minutes Missed 3
Treatment or Incapacity 3		
Date Off 4	Number of Hours Missed 4	Number of Minutes Missed 4
Treatment or Incapacity 4		
Date Off 5	Number of Hours Missed 5	Number of Minutes Missed 5
Treatment or Incapacity 5		

Description

STEP 23

Use the detailed description box to enter any additional information about the intermittent hours being reported.

Treatment or Incapacity 5

Date Off 4 Number of Hours Missed 4 Number of Minutes Missed 4

Treatment or Incapacity 4

Date Off 5 Number of Hours Missed 5 Number of Minutes Missed 5

Treatment or Incapacity 5

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

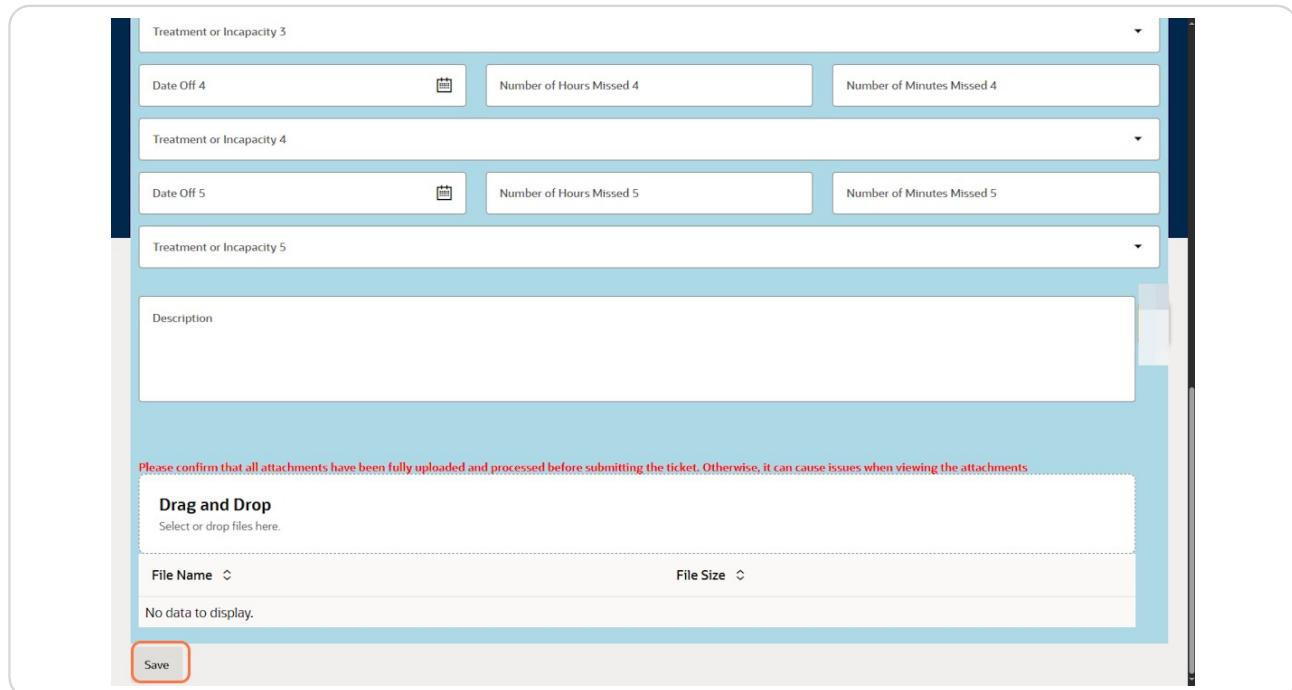
No data to display.

Save

STEP 24

Click on "Save" in the lower left corner of the screen to save and submit the intermittent hours.

If you do not click on the "Save" button, the intermittent hours will not be submitted.



Treatment or Incapacity 3

Date Off 4 Number of Hours Missed 4 Number of Minutes Missed 4

Treatment or Incapacity 4

Date Off 5 Number of Hours Missed 5 Number of Minutes Missed 5

Treatment or Incapacity 5

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