

QRG

Quick Reference Guide (20 Steps)

How to Apply for a Leave of Absence for Yourself

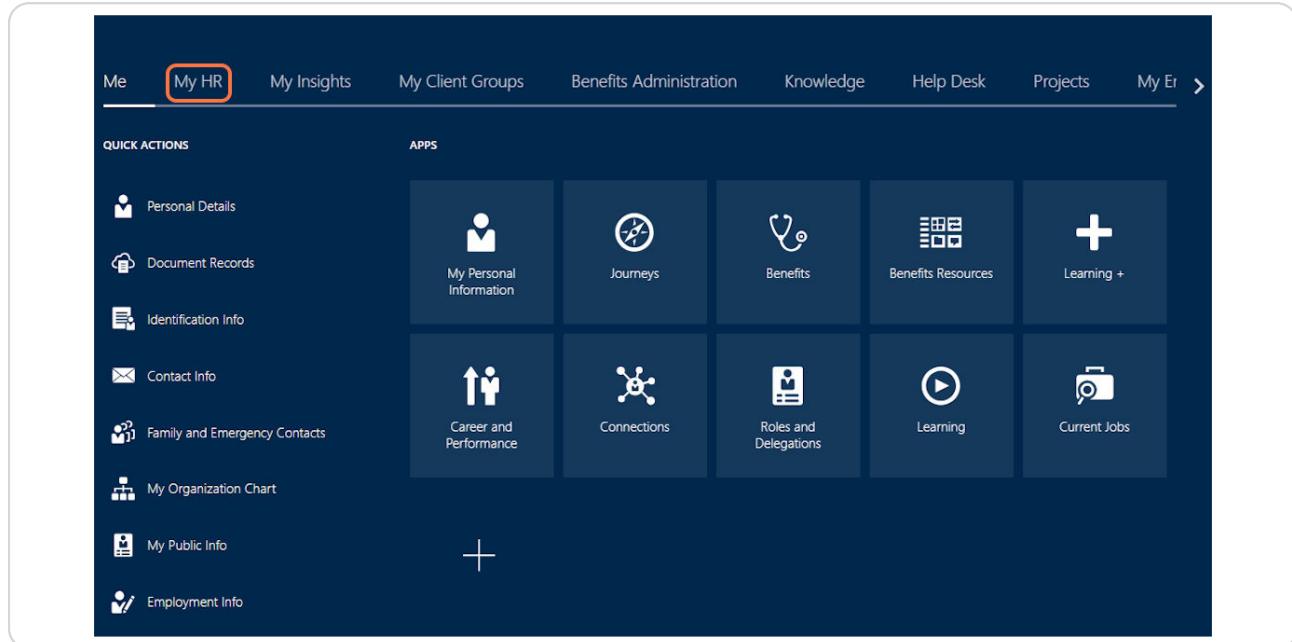
This QRG is for associates who wish to request a leave of absence in myACI through associate self-service.



Last updated: March 26, 2024

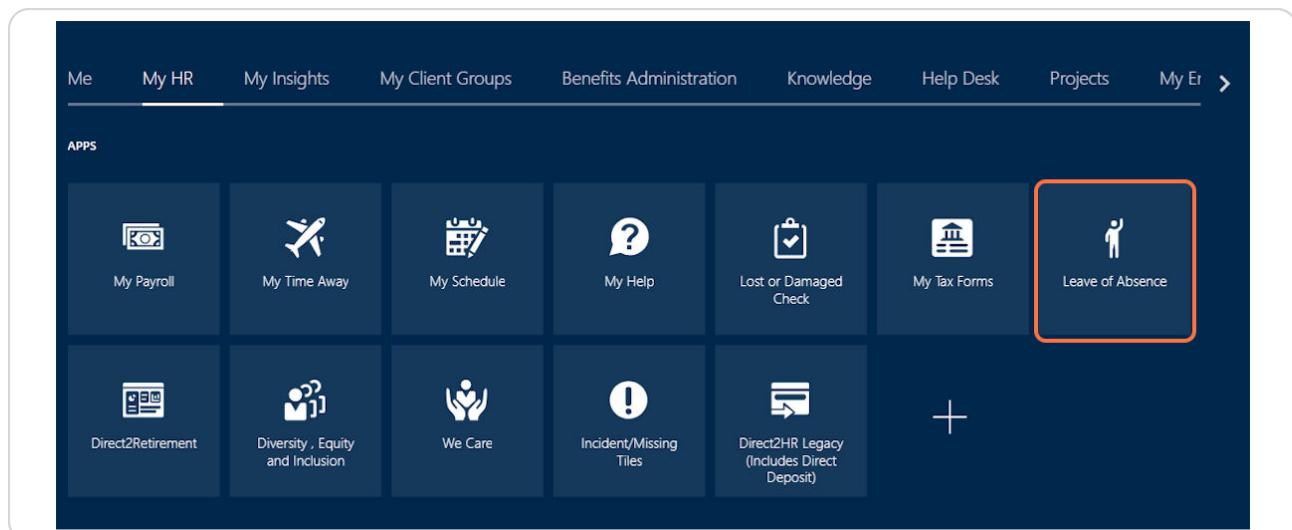
STEP 1

Sign in to mACI then click on my HR.



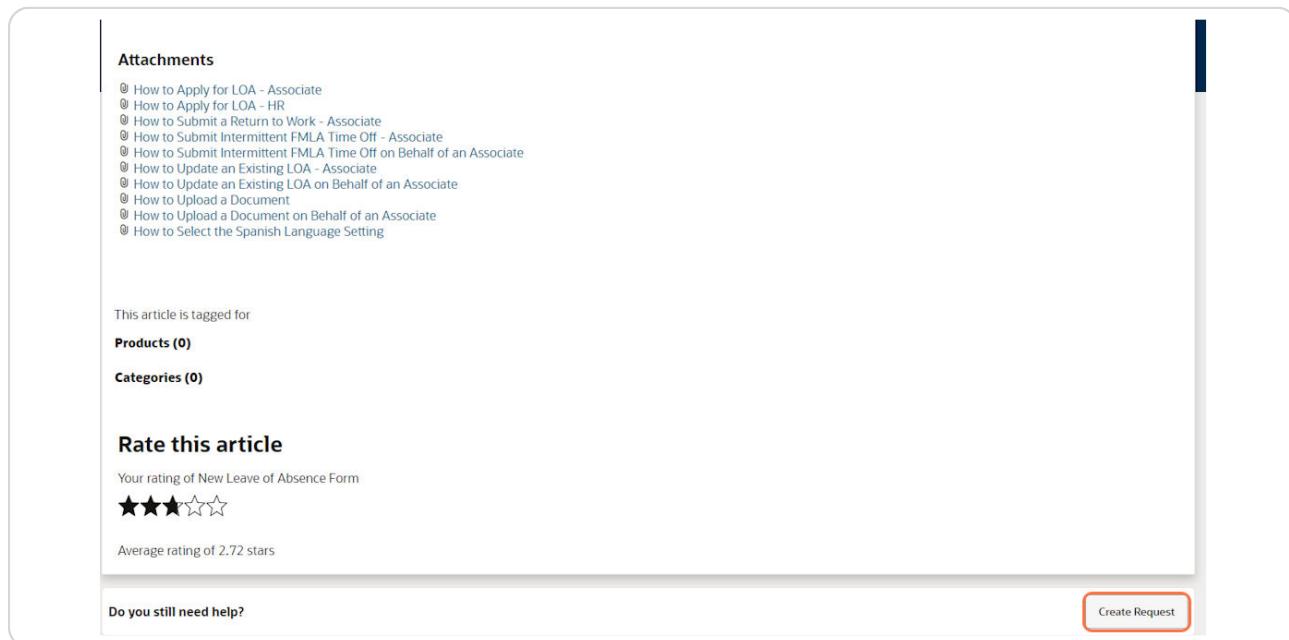
STEP 2

Click on Leave of Absence tile.



STEP 3

Click on Create Request in the lower right corner of the screen



This screenshot shows a typical knowledge base or article page layout. At the top, there's a section for 'Attachments' containing a list of related articles. Below that is a 'Rate this article' section with a star rating and average rating information. At the bottom, there are 'Do you still need help?' and 'Create Request' buttons. The 'Create Request' button is highlighted with a red border, indicating it is the target for the next step.

Attachments

- How to Apply for LOA - Associate
- How to Apply for LOA - HR
- How to Submit a Return to Work - Associate
- How to Submit Intermittent FMLA Time Off - Associate
- How to Submit Intermittent FMLA Time Off on Behalf of an Associate
- How to Update an Existing LOA - Associate
- How to Update an Existing LOA on Behalf of an Associate
- How to Upload a Document
- How to Upload a Document on Behalf of an Associate
- How to Select the Spanish Language Setting

This article is tagged for

Products (0)

Categories (0)

Rate this article

Your rating of New Leave of Absence Form

★★★☆☆

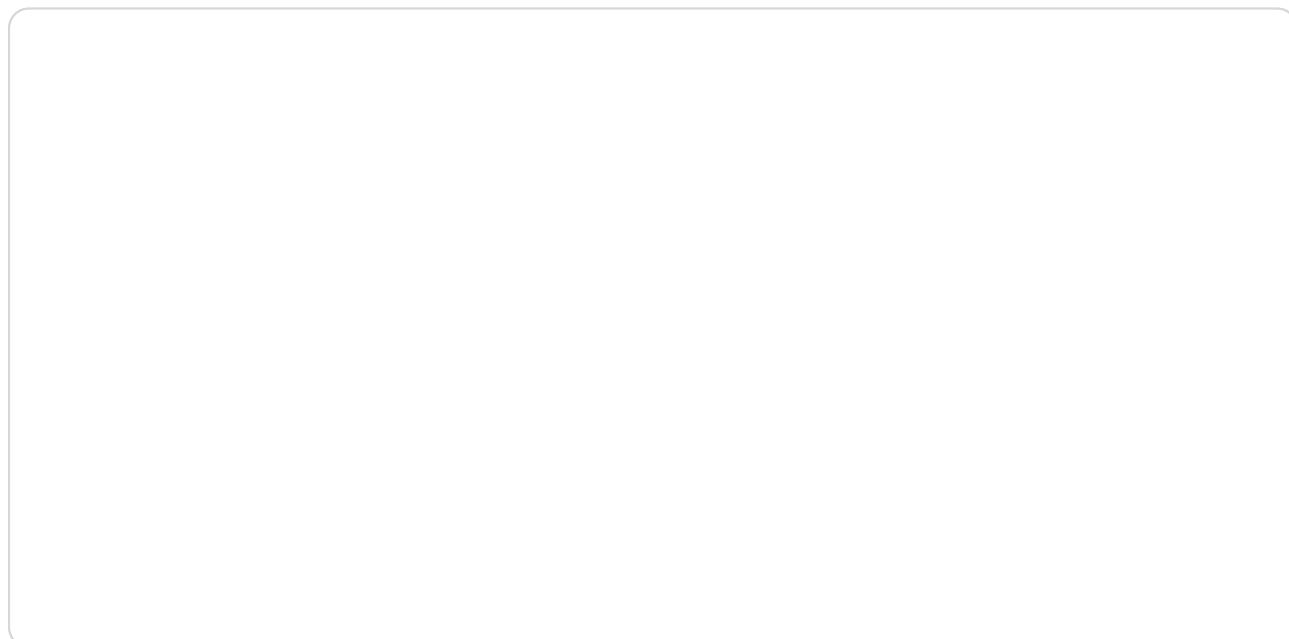
Average rating of 2.72 stars

Do you still need help? Create Request

STEP 4

Type reason for this leave

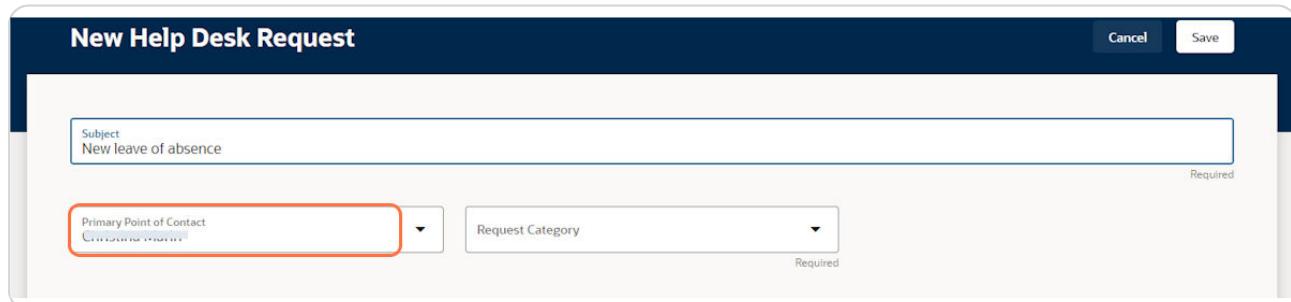
Example "New leave of absence"



A large, empty text input field occupies the majority of the page below the example text. It is intended for the user to type in the reason for their leave, such as "New leave of absence".

STEP 5

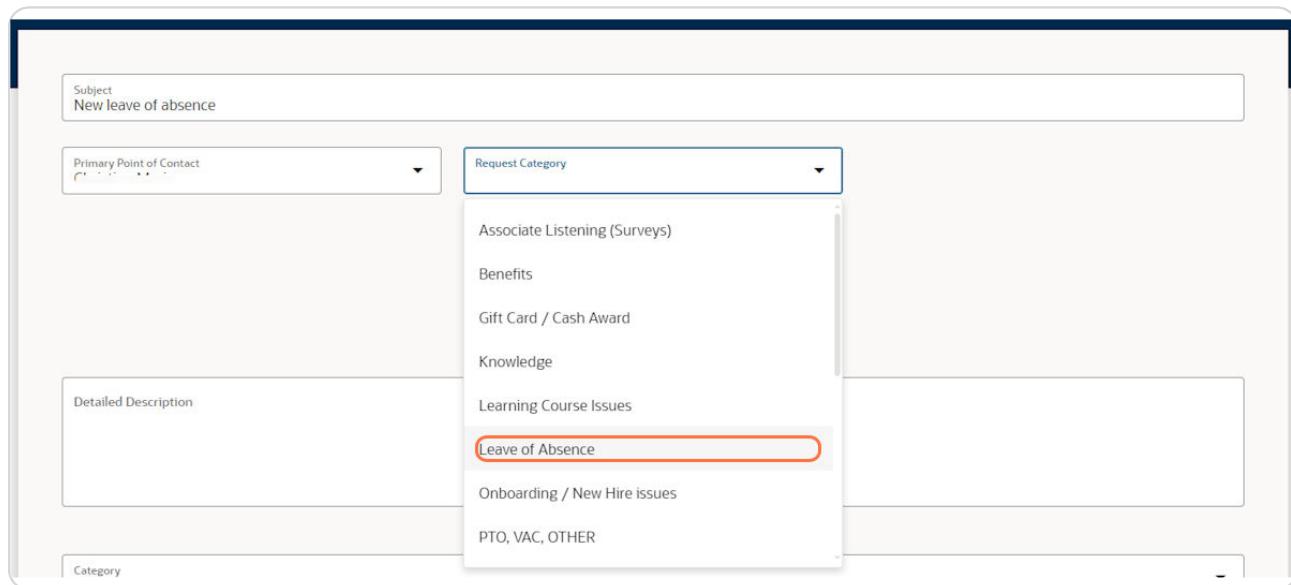
Your name will be automatically populated as the primary point of contact.
Do not change this information.



The screenshot shows a 'New Help Desk Request' form. At the top, there are 'Cancel' and 'Save' buttons. Below them is a 'Subject' field containing 'New leave of absence'. To the right of the subject field is a 'Required' label. Below the subject field are two dropdown menus: 'Primary Point of Contact' and 'Request Category'. The 'Primary Point of Contact' dropdown is highlighted with a red border.

STEP 6

In the Request Category dropdown, select leave of absence



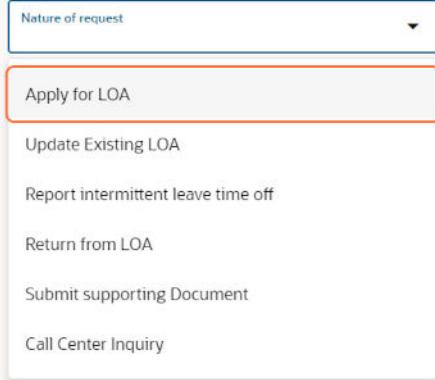
The screenshot shows the same 'New Help Desk Request' form. The 'Request Category' dropdown is open, displaying a list of categories. The 'Leave of Absence' option is highlighted with a red border. Other visible categories include 'Associate Listening (Surveys)', 'Benefits', 'Gift Card / Cash Award', 'Knowledge', 'Learning Course Issues', 'Onboarding / New Hire issues', and 'PTO, VAC, OTHER'.

STEP 7

In the Nature of request dropdown, select Apply for LOA

This section should be used only to apply for a new LOA. Do not use for updating or adding information to existing LOA claims

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



The dropdown menu contains the following options:

- Nature of request
- Apply for LOA
- Update Existing LOA
- Report intermittent leave time off
- Return from LOA
- Submit supporting Document
- Call Center Inquiry

STEP 8

Type in a valid Phone Number for yourself



The 'Nature of request' dropdown is set to 'Apply for LOA'.

The 'Contact Phone Number' field is highlighted with a red border and is marked as 'Required'.

If applicable, do you want to integrate any sick pay, or PTO/FTO or vacation to top-up your pay to 100%?

This may be required by your division pay policy. The STD plan has a 1-week elimination period (unpaid); if you want to be paid during the first week, you are responsible for entering sick pay, or PTO/vac/FTO if you do not have sick pay.

Note: If approved, STD benefits for non-union associates will pay 100% of your pay for 6 weeks after the elimination period. Beginning in week 8, STD will pay 60%.



The 'Supplement leave pay' dropdown is set to 'Required'.

STEP 9

Click on Supplement leave pay and select either YES or NO

This question is asking if you wish to use the supplemental pay sources (if available) to maintain your income during your leave of absence. Supplemental pay sources may include sick pay, paid time off, flexible time off, and/or vacation.

If applicable, do you want to integrate any sick pay, or PTO/FTO or vacation to top-up your pay to 100%?

This may be required by your division pay policy. The STD plan has a 1-week elimination period (unpaid); if you want to be paid during the first week, you are responsible for entering sick pay, or PTO/vac/FTO if you do not have sick pay.

Note: If approved, STD benefits for non-union associates will pay 100% of your pay for 6 weeks after the elimination period. Beginning in week 8, STD will pay 60%.

Supplement leave pay

NO

YES

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

Required

Is this leave request for your own medical condition other than pregnancy?

Required

what is your expected LOA start date

What was your last working day? *

What is your expected or estimated return to Work Date?

Required

How would you like to receive your LOA packet

STEP 10

Select which pay source you wish to include to maintain your income during your leave of absence. Note that you must have unused sick pay, PTO and/or vacation time available to be used as a pay source during your leave of absence.

Floating Holidays

PTO

Sick Time

Vacation Time

STEP 11

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

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

Required

Is this leave request for your own medical condition other than pregnancy?

Required

what is your expected LOA start date

Required

What was your last working day? *

What is your expected or estimated return to Work Date?

Required

How would you like to receive your LOA packet

Do you have any documentation supporting your request for LOA?

STEP 12

Click on the drop down to select if the leave request is for your own medical condition or for another reason

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

Required

Is this leave request for your own medical condition other than pregnancy?

Required

what is your expected LOA start date

Required

What was your last working day? *

What is your expected or estimated return to Work Date?

Required

How would you like to receive your LOA packet

Do you have any documentation supporting your request for LOA?

STEP 13

Select YES if the leave is for yourself, otherwise select NO, if you are needing a leave for another reason

Reasons include: Care of a Family Member, Bonding, Military, Personal, Pregnancy etc...

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

Required

Is this leave request for your own medical condition other than pregnancy?

NO

YES

How would you like to receive your LOA packet

Do you have any documentation supporting your request for LOA?

STEP 14

If you answered "No" in step 13, click on the reason you are requesting a leave of absence from the choices in the dropdown

Don't forget to scroll down, more options available

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

Required

Is this leave request for your own medical condition other than pregnancy?

NO

If this request is not for your own medical condition, select the Leave type:

- Adoption / Foster Care
- Bereavement
- Care of a Family Member
- Child Bonding
- Intermittent (not continuous)
- Military
- Personal (non medical)
- Personal protected leave

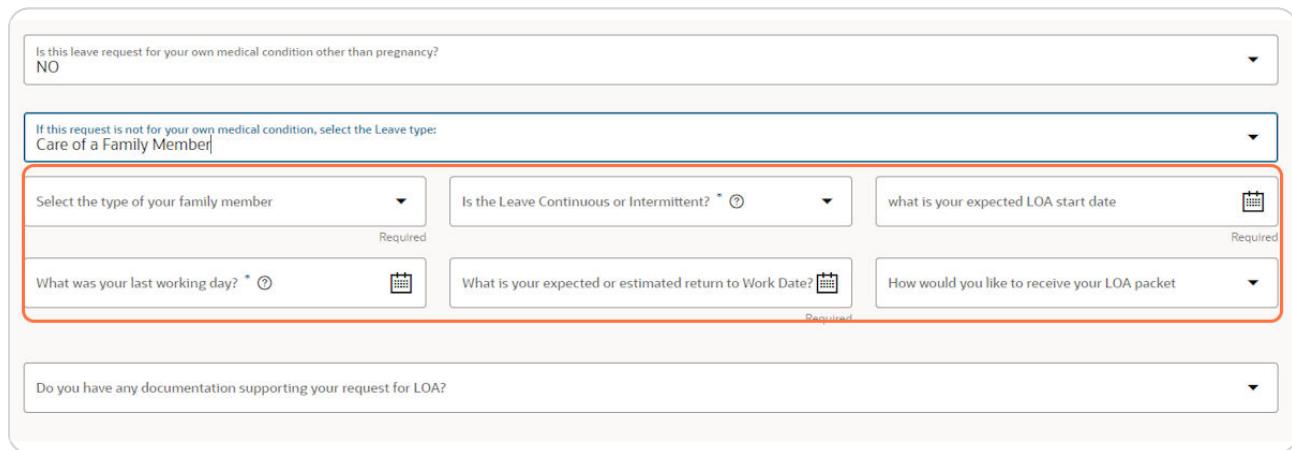
Detailed Description

STEP 15

Complete all fields (some may be required) to help with accurate claim information

Depending on the leave reason, the system will display different questions.

Example: Is the leave continuous or intermittent? How old is your child?

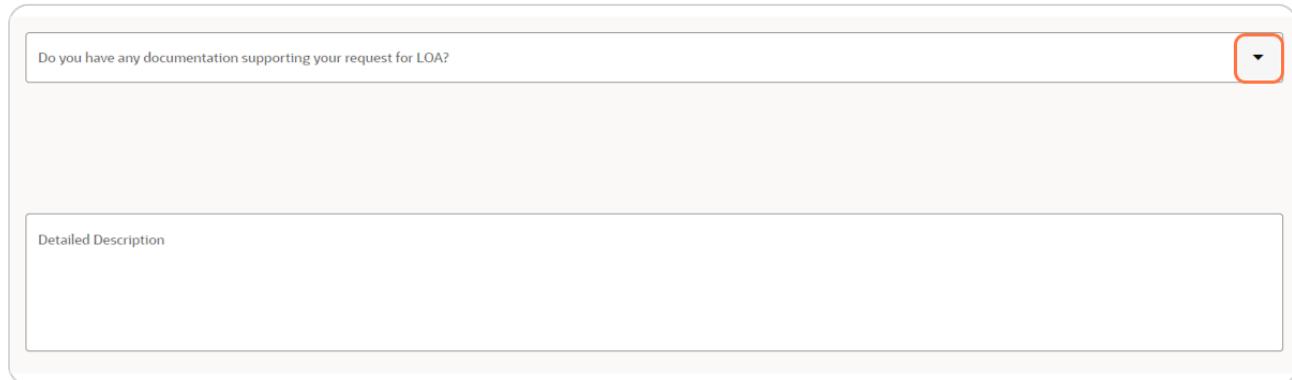


The form includes the following fields:

- Is this leave request for your own medical condition other than pregnancy? (dropdown: NO)
- If this request is not for your own medical condition, select the Leave type: (dropdown: Care of a Family Member)
- Select the type of your family member (dropdown: Required)
- Is the Leave Continuous or Intermittent? (dropdown: Required)
- What is your expected LOA start date (calendar icon: Required)
- What was your last working day? (calendar icon: Required)
- What is your expected or estimated return to Work Date? (calendar icon: Required)
- How would you like to receive your LOA packet (dropdown)
- Do you have any documentation supporting your request for LOA? (dropdown)

STEP 16

Click on Do you have any documentation supporting your request for LOA?



The form includes the following field:

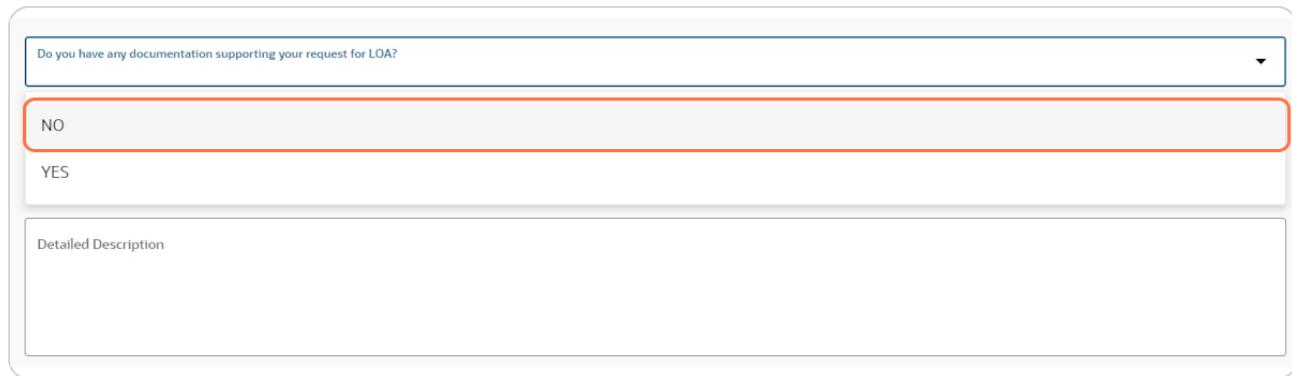
- Do you have any documentation supporting your request for LOA? (dropdown with an orange border)

Below the dropdown is a text area labeled "Detailed Description".

STEP 17

Click on YES or NO

Only select YES if you are going to attach a document. Documents must be in PDF or JPEG format no larger than 10MB



Do you have any documentation supporting your request for LOA?

NO

YES

Detailed Description

STEP 18

Use the detailed description box to type any additional information about your leave of absence request



Detailed Description

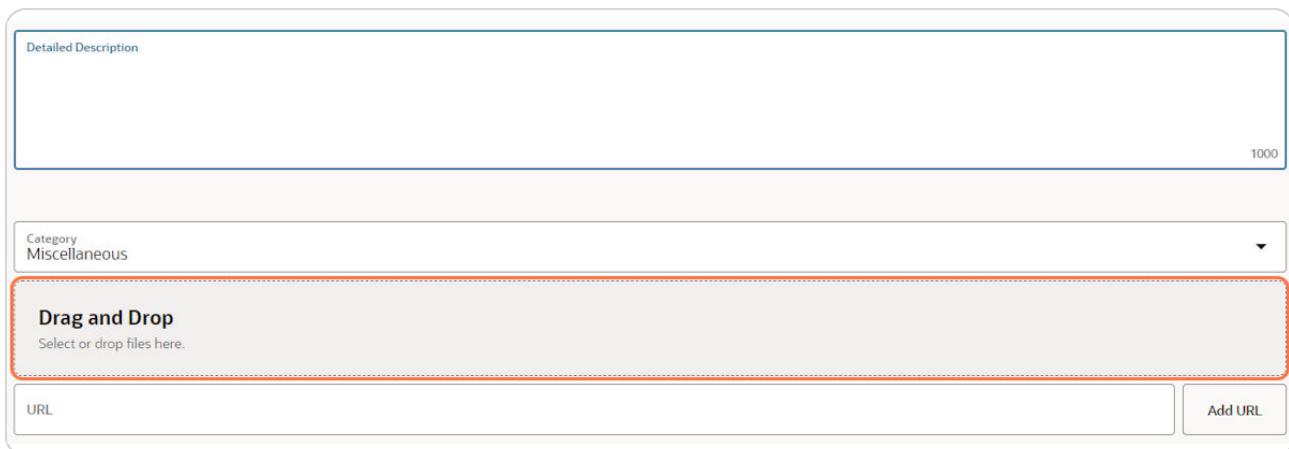
Category
Miscellaneous

Drag and Drop
Select or drop files here.

URL

STEP 19

If you answered "Yes" in Step 17, Drag and Drop any documents in this section



Detailed Description

1000

Category
Miscellaneous

Drag and Drop
Select or drop files here.

URL Add URL

STEP 20

Click on Save in the upper right corner of the screen to save and submit your leave of absence request.

If you do not click on the Save button, your leave of absence request will not be submitted



New Help Desk Request

Cancel Save

Required

What was your last working day? * Calendar

What is your expected or estimated return to Work Date? Calendar

How would you like to receive your LOA packet

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