

# Requesting a Medical Leave of Absence

AbsenceSoft Employee Self Service



## Overview

In the event you need to be off work for an extended period, due to a medical condition, follow the steps below to request a Medical Leave of Absence. After completion, Human Resources will be notified of the request and will send the appropriate paperwork that needs to be completed by a healthcare provider.

## Logging in to Absence Soft

Login to AbsenceSoft [here](#). Click on LOGIN WITH SSO to use your M/I Homes login. If you are not connected to the M/I System, you can also enter your M/I Homes email address, and click on Forgot Password, to establish your account password.

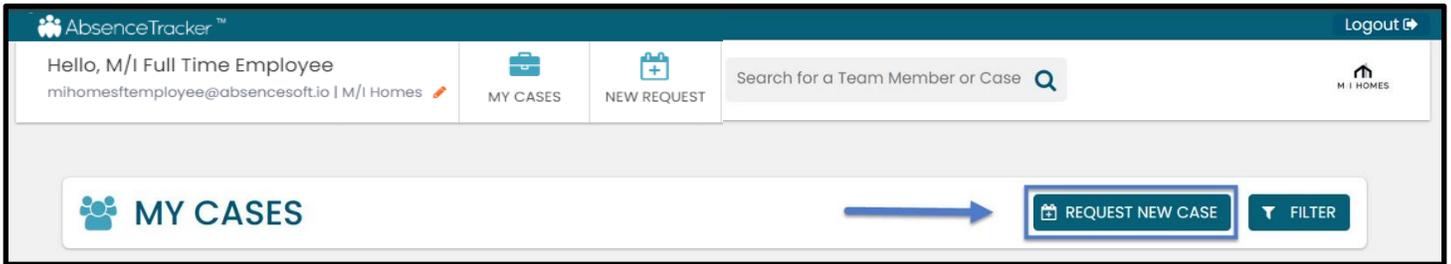
A screenshot of the AbsenceSoft login interface. At the top left is the AbsenceSoft logo. Below it is a large blue downward-pointing arrow. To the right of the arrow, the text "Log In" is displayed in a large, bold font, followed by "Welcome Back! Please enter your credentials." in a smaller font. Below this is a button labeled "LOGIN WITH SSO" with a magnifying glass icon. Underneath the button is the word "OR". Below "OR" are two input fields: "Email" and "Password". The "Password" field has a small eye icon to its right. Below the input fields is a link that says "Forgot Password?". At the bottom, there is a checkbox with the text "You Acknowledge that you read, and agree to our Terms of Service". At the very bottom is a large teal button labeled "Login".

## Requesting a New Leave of Absence

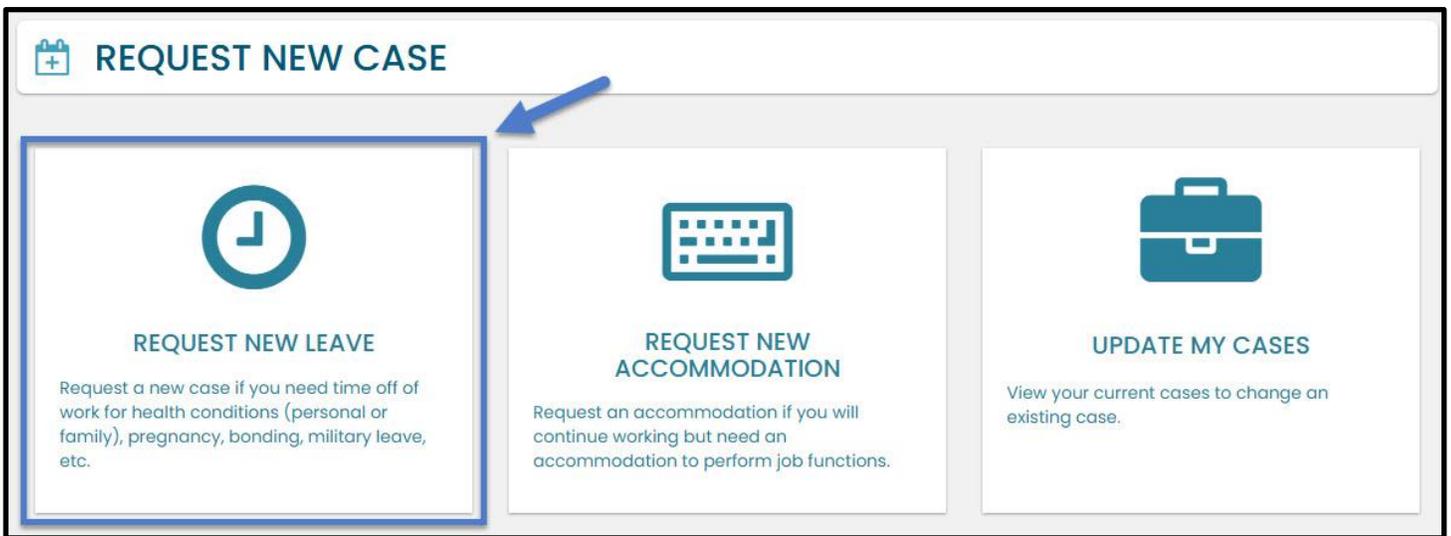
To request a new leave of absence, click on Request New Case. The homepage will also reflect any open or previous requests. Updates, outside of regular communications, on open cases will be found here as well.

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Select from Request New Leave, Request New Accommodation, or Update My Cases. Click on Request New Leave, to request a continuous or intermittent leave of absence. Click on Request New Accommodation when a leave of absence is not needed but accommodations are needed to perform job functions.



## Navigation

A navigation bar will be located at the top of the page to reflect the progression through the request.



## Personal Info

Review the personal information. If any information is incorrect, it will need to be updated through Dayforce. Click [here](#) to learn how to change your address on Dayforce. Enter a personal email address if that is the preferred way of communication during the leave of absence. If someone else is to be contacted or get updates about the leave of absence, click in the box next to **Do you require alternate contact info for this case?**

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## Review Personal Info

**i** If you need to update any personal information, Please contact your HR administrator.

First Name

Last Name

Street Address

Apt, Suite, Etc. (Optional)

Country

State

City

Work Email Address

Phone Number

Personal Email Address

I do not have a personal email address

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?



DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

## Enter Alternate Contact Info

This information applies to this case only

Personal Email Address

Phone Number

Street Address

Apt, Suite, Etc. (Optional)

Country

State

City

Zip Code

Scroll to the bottom of the page and click on **Confirm and Continue**.

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Personal Email Address

I do not have a personal email address

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

**CONFIRM AND CONTINUE**

## Reason For Case

Select the reason for the leave of absence. The most common reason will be **Employee Health Condition**. Click on the other options to find the definition of each. Once a reason is selected, additional questions will populate. Answer those questions and click on **Confirm and Continue**.

Reason for Case

Bonding   Care for Injured Servicemember   **Employee Health Condition**   Family Health Condition   Parental

Pregnancy/Maternity   Military   Other

**Employee Health Condition**

You're requesting time off to care for your serious illness, impairment, physical or mental condition.

Is this work related?   Medical Complications?   Hospitalized?

YES   NO   YES   NO   YES   NO

**CONFIRM AND CONTINUE**

## Absence Details

Select additional details regarding the leave of absence. Consecutive (unable to work at all), intermittent (will need time off periodically), or reduced schedule (doctor is requesting you to work partial days). Click on the options, to be provided a description of that type of leave of absence. After you have identified the type that is needed, click on **Confirm and Continue**.

Absence Details

**CONSECUTIVE**   INTERMITTENT   REDUCED

Consecutive time off is a block of time where you will not be present at work. Choose consecutive leave if you will be requesting a period of leave time without returning to work at all during your leave.

**CONFIRM AND CONTINUE**

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## Duration of Request

Enter the estimated dates for the leave of absence. These dates are just estimated and can be adjusted later. Click in the box a calendar will appear or type in the dates. Once the dates have been entered, click on **Confirm and Continue**.

**Duration of Request**

Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.

Start Date: 11/18/2024

End Date: 12/18/2024

CONFIRM AND CONTINUE

## Additional Information

5 days of PTO (see Employee Handbook for additional information) is required when taking a leave of absence. To use additional days, click on the drop down and select **Yes**, if not select **No**. If selecting yes, remember to enter the number of additional days, not hours. Then click on **Confirm and Continue**.

**Additional Information**

\* Required Information

Will you be using additional PTO for this leave? \*required to use 5 days \*

Select One

Select One

Yes

No

If yes, how many days of PTO will you be using?

Enter days, not hours, here

CONFIRM AND CONTINUE

## Confirm Request Details

Confirm the details of the request to ensure the information is correct. Then click on **Submit Request**.

**Confirm Request Details**

First Name

Last Name

Work Email Address

Personal Email Address

Phone Number

Absence Reason: Employee Health Condition

Case Type: Consecutive

Is this work related?: YES NO

Duration

Start Date: 11/18/2024

End Date: 12/18/2024

SUBMIT REQUEST

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## Confirmation of Submission

Confirmation of the submitted leave of absence, along with the case number will show on the screen. Click **Close and View Cases** to go back to the home page.

**NEW LEAVE REQUEST**

### Leave Request Successfully Submitted

CASE # **1268368322**

ELIGIBLE POLICIES

- AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATION | 11/18/2024 - 12/18/2024
- FAMILY MEDICAL LEAVE ACT | 11/18/2024 - 12/18/2024
- SHORT TERM DISABILITY | 11/18/2024 - 12/18/2024
- MEDICAL LEAVE OF ABSENCE | **WILL ONLY APPLY AFTER FAMILY MEDICAL LEAVE ACT HAS ENDED**

Your request has successfully been submitted and will be reviewed by your case manager. You can view your case details at any time on the "My Cases" page

ADD A NEW REQUEST  **CLOSE AND VIEW CASES**

## After Submission

The leave of absence request will be sent to Human Resources. After review, a communication will be sent that will include the paperwork that will need to be completed by a healthcare provider to approve the leave of absence. Unless you have a written instruction from a healthcare provider, continue to report to work until you hear from Human Resources.