



Requesting a Leave

Requesting a Leave of Absence - EMPLOYEE

Request a leave of absence through HR Central. Prior to your request, make sure you have the start date of your leave and other pertinent information concerning the leave request.

Reminder(s):

- If you are unable to do so, your manager can still request a leave of absence on your behalf.
- Answer each question and choose the next option until you receive notice that your claim has been submitted. If at any time you need to correct any information, click the “previous” tab until you get to the information that needs corrected, and then choose “next” until your claim is submitted.

1 Log In

Log in to HR Central using your Luxottica employee ID and password.

In the self-service menu, select **My Leave**.

To report a leave of absence, select the **Report** tab and click **Your New Claim**.

The screenshot shows the HR Central interface with the 'Report' tab selected. A dropdown menu is open, showing three options: 'Your New Claim', 'Your Intermittent Absence', and 'Return to Work Date'. A red arrow points to 'Your New Claim'. The background shows a 'Claim Search' section with fields for 'Case/Claim Number', 'First Name', 'Last Name', and 'Social Security Number', along with an 'Advanced Search' link and a 'Search' button. On the right, there is an 'Employee Search' section with fields for 'Employee ID', 'First Name', 'Last Name', and 'Social Security Number'.



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2 Select Reason for Leave

Once you select the new claim option, you will be asked the reason for your absence. Use the drop down menu to enter your selection.

Click **Next** to continue.

View Report General Information Delegate Manage

Create Your New Claim

Initial Information

What is the reason for this absence? Select One

Cancel Next

3 Dates of Leave

Enter your last day worked and your anticipated return to work date.

Click **Next** to continue.

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Create Your New Claim

Initial Information

What is the last day you worked or will work your full schedule? (Last Day Worked must be within two years of the current date.) mm - dd - yyyy

If you have already returned to work full time, please provide that date or the date you anticipate returning to work full time. (Return to Work must be at least two days after Last Day Worked and within two years of the current date.) mm - dd - yyyy

Cancel Previous Next

4 Review Changes and Save

Next, you will be requested to provide your actual or estimated work schedule. Follow the directions to determine how to calculate your work schedule.

Click **Next** to continue.

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Create Your New Claim

9% completed

Work Schedule

Please enter your actual or estimated work schedule information. Enter the number of hours you work on each day. Week 1 should be for the week of the absence you are reporting. Week 2 should be the week immediately following Week 1. If you do not have a 2nd week schedule, enter the same schedule as Week 1. (Hours must be entered for at least 1 day.)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1							
Week 2							

Copy Week 1 to Week 2

Cancel Previous Next



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5 Leave Detail

Provide information regarding the reason for your leave request.

Click **Next** to continue.

Answer all of the questions pertaining to your Leave, selecting **Next** after each response.

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Create Your New Claim

30% completed

Illness or Injury Detail * Required

Please choose the condition that best describes the reason you are or will be away from work. Filter:

Select One

Will or did this condition require hospitalization? ☐ Yes ☐ No

Cancel Previous **Next**

6 Confirmation

After you have entered all the required information regarding your leave, you will be taken to the **Confirmation** page. This page allows you to review the information you selected.

If you need to change/edit any information, select **Edit**.

At the bottom of the Confirmation page, select **Submit** to process your change request.

A confirmation page will display with your closing message.

Home Preferences Logout Welcome Chris

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Create Your New Claim

Confirmation

What is the reason for this absence? My own illness **Edit**

What is the last day you worked or will work your full schedule? (Last Day Worked must be within two years of the current date.) 11/27/2015 **Edit**

If you have already returned to work full time, please provide that date or the date you anticipate returning to work full time (Return to Work must be at least two days after Last Day Worked and within two years of the current date.) 12/19/2015 **Edit**

Please enter your actual or estimated work schedule information. Enter the number of hours you work on each day. Week 1 should be for the week of the absence you are reporting. Week 2 should be the week immediately following Week 1. If you do not have a 2nd week schedule, enter the same schedule as Week 1. (Hours must be entered for at least 1 day.)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1	0	8	8	8	8	8	0
Week 2	0	8	8	8	8	8	0

Edit

Please choose the condition that best describes the reason you are or will be away from work. Dislocations and Sprains **Edit**

Will or did this condition require hospitalization? Yes **Edit**

What date were you or do you plan to be admitted to the hospital? (Admission Date must be less than or equal to Discharge Date and within two years of the current date.) 11/27/2015 **Edit**

To help expedite the claim process, please read and authorize this electronic release of information.

No Display Text Found **Collapse**

Do you authorize the release of your medical information as indicated above? Yes **Edit**

Enter your initials: abc
Current Date: November 30, 2015 8:52:06 AM

Cancel Print **Submit**