

# How to Submit your STD Leave in the MSFT Leave Tool

# How to submit a Short-Term Disability Leave

1. To request a STD leave of absence, go to the [Microsoft Leave of Absence Tool](#).
2. Click on Submit a New Leave Request.



3. On the next page under Reason for Leave Request, Choose Employee Health Condition to begin the application process then click next at the bottom of the page.

**Leave Reason**

Reason for Leave Request: \*

Employee Health Condition ▼

Brief description of the leave: 50 character maximum

4. The next page asks for an illness/injury date, a brief description, and if you wish to apply for paid benefits. Please click next when you have answered the questions below.

**Employee Health Condition**

Illness/Injury Date: \*

Briefly describe the illness, injury or condition:

Would you like to apply for paid benefits (if applicable)? Yes ▼

Is this leave due to a safety issue (i.e., domestic violence)?

Save and finish later

# How to submit a Short-Term Disability Leave (cont.)

5. Now you'll add in your start/end date of leave and your last day worked.

**Leave Dates**

Start Date of Leave: \*  (Date Calculator)

End Date of Leave: \*  (Date Calculator)

Last Day Worked: \*

Estimated return to work (full duty):

Actual return to work (full duty):

[Save and finish later](#) [Cancel](#) [Next](#)

6. This next page is where you will choose the leave type for your LOA. Please choose the correct type for your situation.

**Leave Type**

Continuous Leave  
You will not work at all during the designated leave period

Intermittent Leave  
You will take leave intermittently, by taking days or portions of days off. Typically this type of leave is appropriate for individuals who cannot foresee when they will need time off. To help your management plan for your absence, please provide an estimate of how much time you will need off during the leave period.

**Expected amount of time off needed during intermittent leave:**

Hour(s)

Time(s)

Every   (Example: the intermittent leave request is for 3 hours, 2 times per 1 week)

Reduced Schedule  
You will work a reduced schedule. Typically this type of leave is appropriate for individuals who know when they will need time off. To help your management plan for your absence, please indicate your anticipated work schedule during the leave period.

Sun *	Mon *	Tue *	Wed *	Thu *	Fri *	Sat *
Hours Minutes						
<input type="text"/> <input type="text"/>						

[Save and finish later](#) [Cancel](#) [Next](#)

# How to submit a Short-Term Disability Leave (cont.)

7. Here in the PTO section, you may utilize any vacation (Hourly EE's Only), floating holiday, or HHTO time while you await your leave to be approved.

## Paid Time Off

Based on eligibility, employees may substitute accrued vacation, floating holiday or holistic health time for approved leave periods that are unpaid or that would otherwise be paid at less than 100% of base pay. Substituted vacation, floating holiday or holistic health time will run concurrently with approved leave period, i.e., will not extend the leave period.

Salaried/exempt employees are not entitled to vacation or floating holidays, as they enjoy discretionary time off (DTO) pursuant to the Discretionary Time Off policy. Salaried/exempt employees may not substitute paid discretionary time off for approved leave periods that are unpaid or that would otherwise be paid at less than 100% of base pay.

Time off balances as of 4/8/2023 (in hours)

Vacation		Floating Holiday	
Remaining Balance:	0 hrs	Remaining Balance:	16 hrs
Apply to this Leave:	<input type="text"/> hrs	Apply to this Leave:	<input type="text"/> hrs

  

Sick Balance	
Remaining Balance:	56 hrs
Apply to this Leave:	<input type="text"/> hrs

[Save and finish later](#) [Cancel](#) [Next](#)

\*Any vacation, floating holiday or HHTO time used can be replaced with disability pay once approved and credited back to your bank the following pay period.

8. This page is where you will read and sign off on the Leave acknowledgement before completing your STD request.

Please read and sign the Leave Acknowledgment with the details of this leave request. Before signing the acknowledgment, open and read the applicable leave policy below. When complete, click Next to review your leave Summary.

## Short Term Disability Leave - Acknowledgement

I acknowledge that this leave request must be received by Benefits at least fifteen (15) calendar days prior to the leave start date, or as early as possible in an emergency situation where it is not possible to submit this request 15 days in advance of the leave. So that Microsoft and/or Prudential Financial may determine my eligibility for paid or unpaid Short Term Disability (STD) Leave, I will provide the appropriate Physician Statement form. I understand that Microsoft and/or Prudential Financial have the right to request an additional medical opinion(s) and/or additional information in order to determine my initial or continued eligibility for Short Term Disability Leave. I understand the results of any additional medical opinion(s) and/or additional information obtained to determine my initial or continued eligibility for Short Term Disability may be shared with each provider submitting a Physician's Statement on my behalf. If I am applying for paid STD Leave, I understand that no disability benefits will be paid until a complete claim, including a properly completed Physician's Statement has been received by Prudential Financial. I understand that failure to cooperate with Microsoft or its agents efforts to determine my eligibility for STD leave may result in my being ineligible for leave or pay pursuant to the company's STD policy.

I certify that the facts and information set forth in this leave request and agreement are true, accurate, and complete to the best of my knowledge. I understand that provision of untrue, inaccurate, or incomplete facts or information or falsification, misrepresentation, or omission of facts or information will disqualify me

Employee's Name:  Employee's Signature:  Date: 4/27/2023

# How to submit a Short-Term Disability Leave (cont.)

9. The leave Summary Page is a summary of the leave that you just created. You can see how many hours you've used along with how many are available.

### Leave Summary

Review your Leave Summary for accuracy. To change any previous part of the leave request, use the revisit links above. You may provide additional comments for your Benefits Business Partner if necessary. Your Benefits Business Partner will follow up with you as appropriate. For more information, read the leave policy, associated FAQ, and Stock policy in the Policies section.

When your review is complete, click the **Next** button below to receive instructions for next steps. Please note you will still have one final opportunity to review your request before submitting it to your manager and Benefits.

#### Leave Summary

#### Hours Summary (as of 04/27/2023)

Hours used:		Hours available:	
Family Medical Leave Act	0	Family Medical Leave Act	480
Short Term Disability (Unpaid)	0	Short Term Disability (Unpaid)	1040
Short Term Disability (Paid 100)	0	Short Term Disability (Paid 100)	320
Short Term Disability (Paid 75)	0	Short Term Disability (Paid 75)	720

\*To the extent permitted by applicable law, leave time runs concurrently (not consecutively) under federal and state law and company policy. For more information, see applicable leave policy in the Policies Section, or contact [Benefits@microsoft.com](mailto:Benefits@microsoft.com).

#### Leave Information

**Leave Id:** 418787962529  
**Reason for leave request:** Employee Health Condition  
**Description of leave:**  
**Leave type:** Continuous Leave  
**Requested leave start date:** 4/27/2023  
**Requested leave end date:** 5/31/2023  
**Estimated return to work date (full duty):**  
**Sick Leave:** 0 hours as of 4/27/2023

From Date	To Date	Determination	Work Type	Leave Plan(s)
04/27/2023	05/31/2023	Eligible	Continuous Leave	Family Medical Leave Act
04/27/2023	05/31/2023	Eligible	Continuous Leave	Short Term Disability (Paid 100)
04/27/2023	05/31/2023	Eligible	Continuous Leave	Short Term Disability (Unpaid)

#### Notes or Comments

[Save and finish later](#) [Cancel](#) [Next](#)

\*Please note all leaves start off as unpaid until approved by Prudential.

# How to submit a Short-Term Disability Leave (cont.)

10. Congratulations! You've made it to the Leave Submission page, please click Submit at the bottom of the page to submit your leave request.

**Leave Submission**

Before taking the final step to submit your leave, please review the action items and print this page for your records. **Click on the Submit button to complete your request.** You will receive a confirmation email from the Leave of Absence tool that will include instructions with next steps. For questions regarding your leave of absence, please contact Benefits at [benefits@microsoft.com](mailto:benefits@microsoft.com) or call (425) 706-8853.

**Leave Submission**

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**Action Required for Paid Short Term Disability Leave**

- Continue to click on the **Submit** buttons to successfully complete the submittal of your leave request.
- Review the email notification you receive from [LOAdmin-NoReply@benefits.microsoft.com](mailto:LOAdmin-NoReply@benefits.microsoft.com) for instructions prior to contacting Prudential
- Call Prudential at **1-877-673-8562 (Option 1)** and provide the information required to begin the review process. This is not required for the two-week Prenatal STD leave.
- Remain in contact with your Prudential Disability Claims Manager and Microsoft Benefits Business Partner regarding the status of your claim.

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**Action Required for Unpaid Short Term Disability Leave**

- Continue to click on the **Submit** buttons to successfully complete the submittal of your leave request.
- Both you and your treating health care provider must complete the Microsoft Physician Statement Application for Unpaid Short Term Disability. You must download this form located via [HRWeb - Benefits > Time Away > Request Leave of Absence](#). From there, click on **View Leave Policies, Forms and FAQs**.
- Upload the completed Microsoft Physicians Statement form into the LOA tool, send it to Benefits, Bldg. 92, or fax to Benefits at 425-707-2244.
- Remain in contact with your Microsoft Benefits Business Partner regarding the status of your claim.

Save and finish later   Cancel   **Submit** 

11. Now that you have completed your leave request on the Microsoft end, now it's time to apply for STD Benefits by calling Prudential at 1-877-673-8562 (877-MSFTLOA).