



*Claimant
LaborFirst
User Guide*

LaborFirst Claimant User Guide Table of Contents

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Claimant LaborFirst User Guide

Overview

We will now start working with some of the most essential components in LaborFirst. At any time, please select the LaborFirst Logo in the right corner to be directed to the Table of Contents.

- **Getting Started**
 - System requirements (visit the [LaborFirst](#) website FAQs)
 - Signing into LaborFirst for the first time
 - Overview of the user interface and main dashboard
- **Enrollment Process**
 - Step-by-step guide to enrolling in Paid Family Medical Leave (PFML)
 - How to complete personal information and employment details
- **Managing Your Account**
 - Updating personal and employment information
 - Viewing and managing submitted applications
 - How to check the status of your PFML claims
- **Help and Support Resources** (visit the [LaborFirst](#) website)
 - Contacting the Help Desk
 - Additional resources and LaborFirst guides
 - Frequently Asked Questions

Claimant LaborFirst User Guide

For Your Safety and Security Before You Access LaborFirst the First Time

The State of Delaware takes seriously our role in protecting and securing the public’s information. To that end, the State has established policies and procedures for creating and validating your sign-in credentials. Before you can sign in to LaborFirst, you must establish your State of Delaware sign-in credentials.

Everyone must establish their State of Delaware sign-in credentials
Claimants? [Go Here](#).

For **Help**, written instructions are available [here](#), or you can watch this [video](#).
If you are unable to complete the credentialing process, please call 302-761-8375.

Welcome to LaborFirst!

Have you completed the steps above? Congratulations! You can access **LaborFirst** from the tile on your [MyDelaware](#) dashboard.



My Delaware LaborFirst Tile

Need more **information or training materials**? Documentation specifically for Claimants is available from the [LaborFirst](#) home page. Then, select the appropriate tile.

Claimant LaborFirst User Guide

Create Claimant Account

The first time a claimant signs into LaborFirst, they will be automatically navigated into the Claimant Registration process. The 'Create Account' screen is the first step. The **Create Account** screen is used to collect the claimant's Social Security Number and Date of Birth. Additionally, the screen displays anti-fraud language the claimant must agree to before proceeding. This screen is for a new claimant registering who has not been registered in LaborFirst.

Enter the required information, review the User Agreement, select the Certification check box, and select **Next**.

Create Account

Please enter the following information:

* Social Security Number ⓘ

* Re-enter Social Security Number

* Date of Birth

User Agreement

I have read and understand the following:

I understand and agree to the following:

- To the best of my knowledge, the information provided to create this account is true and accurate.
- Any false statement or omission provided by me in creating this account may subject me to criminal or civil penalties under any Delaware laws.

I acknowledge the following:

- I am required to complete a one-time identity proofing process before entering the Department of Labor's online administrative system.
- The username for this account will be system generated and cannot be changed.
- The Department of Labor may contact other state agencies to confirm the information contained herein is accurate.
- The Department of Labor may take action should it receive conflicting information from other state agencies, which may include but is not limited to, criminal or civil penalties.
- Violation of this User Agreement or any state or federal laws may result in the loss of system access.
- This system uses advanced methodologies to identify individuals suspected of fraudulent activity. Fraudulent activity may be referred to the Department of Justice for prosecution.

* ☒ By checking this box, I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Next

Create Account Screen: No Account Exists

Claimant LaborFirst User Guide

However, if it is the Claimant's first time logging into LaborFirst, but they have already been registered in the system, an additional field will populate asking the Claimant to enter their 'Claimant ID'.

This screen is for a new LaborFirst user who has already been registered. LaborFirst determines an account exist by the SSN and DOB entered and displays the Claimant ID field based on the SSN and DOB matching an account in the system.

The Claimant is asked to enter their Claimant ID, review the User Agreement Information, select the Certification check box, and then select **Next**.

Create Account

Please enter the following information:

* Social Security Number ⓘ

818-24-0238

* Re-enter Social Security Number

818-24-0238

* Date of Birth

07/08/1993 ⓘ

There is an existing account associated with the SSN you provided, please enter your Claimant ID number to verify your account.

* Claimant ID

User Agreement

I have read and understand the following:

I understand and agree to the following:

- To the best of my knowledge, the information provided to create this account is true and accurate.
- Any false statement or omission provided by me in creating this account may subject me to criminal or civil penalties under any Delaware laws.

I acknowledge the following:

- I am required to complete a one-time identity proofing process before entering the Department of Labor's online administrative system.
- The username for this account will be system generated and cannot be changed.
- The Department of Labor may contact other state agencies to confirm the information contained herein is accurate.
- The Department of Labor may take action should it receive conflicting information from other state agencies, which may include but is not limited to, criminal or civil penalties.
- Violation of this User Agreement or any state or federal laws may result in the loss of system access.
- This system uses advanced methodologies to identify individuals suspected of fraudulent activity. Fraudulent activity may be referred to the Department of Justice for prosecution.

* ☒

By checking this box, I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Next

Create Account Screen: Account Exists

Claimant LaborFirst User Guide

Claimant Registration

The first time a claimant signs into LaborFirst, they will be automatically navigated into the Claimant Registration Process. The ‘Personal Information’ screen is the first step in the Claimant Registration Process. This screen is used by the claimant to enter their personal information, including: First Name, Last Name, Date of Birth and Sex. All required fields marked with a red asterisk must be completed in order to move forward in the registration process. Enter the requisite information and select **Next** to continue with your profile setup.

Personal Information

* First Name

Middle Name

* Last Name

Other Last Name ⓘ

Suffix

▼

Mother's Maiden Name

* Date of Birth

📅

* Sex

Male

▼

SSN

🔒

Other SSN ⓘ

Driver's License or State ID Number

Issuing State

▼

Please note you are required to update your name, mailing address and email any time it changes.

Next

Steps

- Personal Information**
- Contact Information
- Demographic Information
- Address
- Tax and Payment
- Summary
- Confirmation

Personal Information Screen

Claimant LaborFirst User Guide

Each screen in the Claimant Registration Process includes a ‘Steps’ status bar in the right pane. During the registration process, some steps change based on selections made by the claimant. After the ‘Personal Information’ screen, **Previous** and **Next** are available at the bottom of each screen to move back and forth between screens. If the claimant registering exits the system before completing the process, all previously entered information is saved and the registration status will be incomplete. Subsequently, when the claimant signs in to LaborFirst, they are navigated back to the ‘Personal Information’ screen and their previously entered information is saved.

Personal Information

* First Name

Middle Name

* Last Name

Other Last Name ⓘ

Suffix

▼

Mother's Maiden Name

* Date of Birth

📅

* Sex

Male ▼

SSN

Other SSN ⓘ

Driver's License or State ID Number

Issuing State

▼

Please note you are required to update your name, mailing address and email any time it changes.

Next

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address
- Tax and Payment
- Summary
- Confirmation

Registration Steps Progress

Claimant LaborFirst User Guide

The ‘Contact Information’ screen is the next step in the registration process. Claimants are asked to provide their contact details, including: Preferred Method of Communication, Email, and Phone Number. Enter the requisite information and select **Next** to move forward in the setup process.

Contact Information

Registration requires a preferred method of communication to complete the registration process. Please provide your preferred email if different from the one below. Please note that you may still receive certain documents via mail as deemed necessary by the Delaware Department of Labor.

* Preferred Method of Communication

Email

* Email

paulbishop@allfreemail.net

* Re-enter Email

paulbishop@allfreemail.net

* Primary Phone Number

(602) 555-7272

Please note you are required to update your name, mailing address and email any time it changes.

Previous

Next

Steps

- Personal Information
- Contact Information**
- Demographic Information
- Address
- Tax and Payment
- Summary
- Confirmation

Contact Information Screen

Claimant LaborFirst User Guide

The 'Demographic Information' screen is the next step in the registration process. Claimants are asked to provide their demographic information in the designated fields. Please note that Yes/No responses may trigger additional questions based on your selections. For example, if the Claimant selects 'Yes' when asked if they need an interpreter, an additional field populates asking the Claimant which language they need an interpreter for.

Once all relevant information is provided, select **Next** to continue.

Demographic Information

* Are you a citizen of the United States of America?
☒ Yes ☐ No

* Preferred Language

* Education Level

NOTE: The following information is used for statistical purposes only. Your response is voluntary. If you do not wish to respond, select "Choose not to answer".

* Ethnicity

* Race

* Do you need an interpreter?
☐ Yes ☒ No

* Disabled?
☐ Yes ☒ No ☐ Choose not to answer

* Veteran?
☐ Yes ☒ No ☐ Choose not to answer

Previous Next

Steps


- Personal Information
- Contact Information
- Demographic Information**
- Address
- Tax and Payment
- Summary
- Confirmation

Demographic Information

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The ‘Address’ screen is the next step in the process. To proceed, at least one physical address and one mailing address are required. For each applicable address field, select the **down arrow** and select **Edit** to launch the ‘Mailing Address’ window, where the claimant will enter their information.

Address




A mailing address and one physical address are required. Click on the down arrow and select Edit to enter your mailing address.

Mailing Address



US



Edit

* Is your mailing address the same as your physical address?

☐ Yes
 ☐ No

Please note you are required to update name, mailing address and email at any time it changes.

Previous

Next

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address**
- Tax and Payment
- Summary
- Confirmation

Address Screen

Claimant LaborFirst User Guide

From the 'Mailing Address' window, the 'Search' field allows the claimant to begin entering their address. If the address is found (using an address service), the claimant may select the address and the field below will be populated in a read-only format. If the address is not found, select **Address Not Found**, and the address can be manually entered. Select **Save** once all required fields are populated.

Mailing Address

Is This a Military Address?

☐ Yes
 ☒ No

Search

444 Main St, Dover, DE 19901, USA

☐ Address not found

* Country

United States

* City

Dover

* Address Line 1 ⓘ

444 Main St

* Zip/Postal Code

19901

* State/Province

Delaware

Cancel

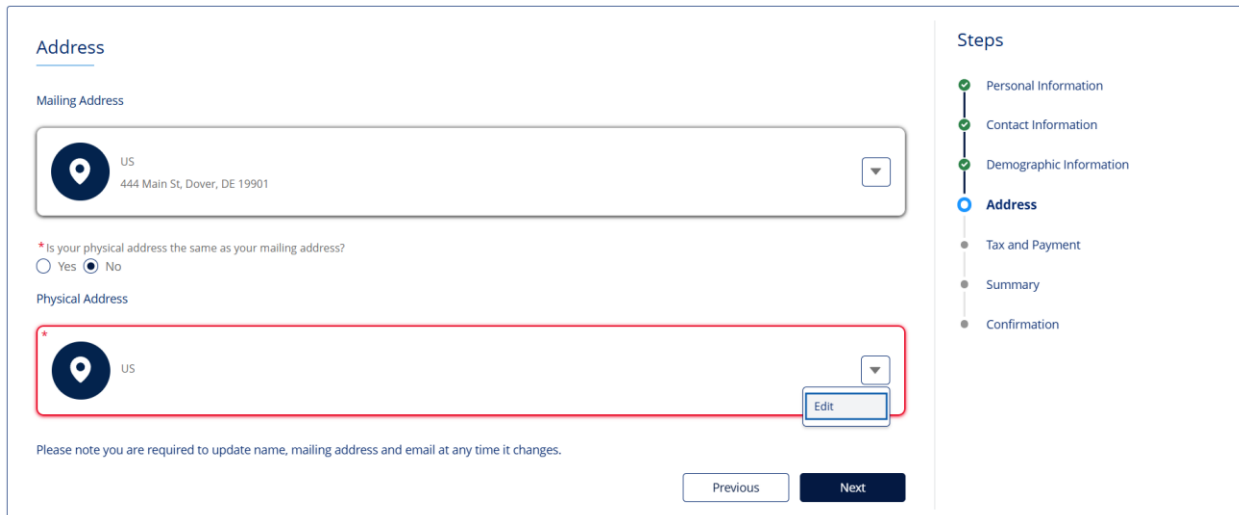
Save

Mailing Address Window

Claimant LaborFirst User Guide

If the claimant indicates that their physical address is different from the mailing address, the 'Physical Address' field is presented. To add a physical address, follow the same steps mentioned above.

Select the appropriate response, then click **Next** to continue.



Address

Mailing Address

US
444 Main St, Dover, DE 19901

*Is your physical address the same as your mailing address?
☐ Yes ☒ No

Physical Address

US

Edit

Please note you are required to update name, mailing address and email at any time it changes.

Previous Next

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address**
- Tax and Payment
- Summary
- Confirmation

Address Screen with Physical Address

Claimant LaborFirst User Guide

The 'Tax and Payment' screen is the next step in the registration process. This screen is used to determine tax withholding information and the claimant's payment method. The first two questions allow claimants to determine whether they would like to withhold federal income tax from their benefits; and elect to receive an electronic 1099-G Tax Form.

Additionally, this screen allows claimants to enter their preferred payment method. Claimants can choose from Debit Card or Direct Deposit. Make the appropriate selections and select **Next** to continue.

Tax and Payment

*** If you are eligible to receive benefits, would you like a federal income tax rate of 10% withheld from your benefits?**

☐ Yes ☒ No

*** If you are eligible to receive benefits, would you like a state income tax rate of 3% withheld from your benefits?**

☐ Yes ☒ No

*** Do you consent to receive any tax forms electronically? By consenting, you agree to receive your tax forms electronically through your claimant portal. The form will be available by January 31 following any year in which you received benefits. You will not receive a paper tax form in the mail.**

☐ Yes ☒ No

The payment method selected will be used for all benefit payments processed through LaborFirst.

*** Preferred payment method**

Prepaid Debit Card

Please select the hyperlink to view U.S. Banks Prepaid Debit Card disclosure prior to proceeding: [U.S. Bank Prepaid Debit Card Disclosure](#)

Previous

Next

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address
- Tax and Payment**
- Benefit Payment Method
- Summary
- Confirmation

Tax and Payment Screen

Claimant LaborFirst User Guide

The 'Benefit Payment Method' screen dynamically populates fields based on the claimant's selected preferred payment method. If they selected Direct Deposit as their payment method, the Benefit Payment Method will ask them to enter their Bank Name, Routing Number, and Account Number. Be sure to select the box to confirm the accuracy of the information you've provided. From there, the claimant will select the certification checkbox and **Next** to continue.

Benefit Payment Method

Direct Deposit Details

Financial Institution Name

Bank Account Type

Bank Routing Number

Re-enter Bank Routing Number

Bank Account Number

Re-enter Bank Account Number

YOUR NAME

123 Main Street

Anywhere, USA 00000

0001

PAY TO THE ORDER OF

\$

MEMO

:012345678: 9999999999 0001

ROUTING NUMBER

ACCOUNT NUMBER

- I authorize the Delaware Department of Labor to set up automatic deposits to the account listed above. I understand it is my responsibility to provide the Delaware Department of Labor with an account that accepts automatic deposits.
- I understand that the Delaware Department of Labor will not be held accountable for any delay or loss of funds that may occur as result of incorrect or incomplete information provided by me or my financial institution, or due to errors made by my financial institution when depositing funds into my account.

☐ I confirm that the direct deposit information provided is accurate.

Previous

Next

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address
- Tax and Payment
- Benefit Payment Method**
- Summary
- Confirmation

Benefit Payment Method Screen: Direct Deposit

Claimant LaborFirst User Guide

If the claimant selected Debit Card as their preferred payment method, the Benefit Payment Method screen provides important information for the claimant to review. From there, the claimant will select the certification checkbox and **Next** to continue.

Benefit Payment Method

▼ Prepaid Debit Card

By selecting the debit card as your benefit payment option, you authorize the Department of Labor to transmit payment information to our banking partner. If you do not already have a card, then you will receive a card from Department of Labor's banking partner. You will receive your debit card by mail after filing a claim, and it is important that you activate your card immediately upon receipt to ensure timely access to your benefits.

Prepaid Debit Card Disclosure

☐ I hereby accept all terms outlined in this agreement.

Previous

Next

Steps

- ✓ Personal Information
- ✓ Contact Information
- ✓ Demographic Information
- ✓ Address
- ✓ Tax and Payment
- **Benefit Payment Method**
- Summary
- Confirmation

Benefit Payment Method Screen: Debit Card

Claimant LaborFirst User Guide

The final step in the claimant registration process is the 'Registration Summary' screen. The summary allows the claimant to review the information entered during the registration process. Though the information on this screen is read-only, the person registering may use the **Previous** button to toggle back through the screens and make any necessary corrections. Review the information and, if accurate, read and agree to the certification statement, and select **Next** to complete the registration.

Summary

Please review your information for accuracy prior to selecting 'Next'

Personal Information

First Name

Steve

Middle Name

Last Name

Logan

Other Last Name

Suffix

Mother's Maiden Name

Date of Birth

02/03/1953

Gender

Male

Social Security Number

141-14-1953

Other SSN

Driver's License or State ID Number

Issuing State

Contact Information

Preferred Method of Communication

Email

Primary Phone

(602) 574-7793

Email Address

stevelogan@allfreemail.net

Demographic Information

Address Information

Type	Address	City	State	Zip	Country
Physical Location	525 George St	Dover	Delaware	19901	United States
Mailing	525 George St	Dover	Delaware	19901	United States

Tax and Payment

If you are eligible to receive benefits, would you like a federal income tax rate of 10% withheld from your benefits?

No

If you are eligible to receive benefits, would you like a state income tax rate of 3% withheld from your benefits?

No

Do you consent to receive your 1099-G tax form electronically? By consenting, you agree to receive your 1099-G tax form electronically through your claimant portal. The form will be available by January 31 following any year in which you received benefits. You will not receive a paper 1099-G in the mail.

No

Preferred payment method

Prepaid Debit Card

Steps

Personal Information

Contact Information

Demographic Information

Address

Tax and Payment

Benefit Payment Method

Summary

Confirmation

Previous

Next

Summary Screen

Claimant LaborFirst User Guide

Upon successful completion of the registration process, the ‘Confirmation’ screen is presented, and an email is sent to the Claimant. Select **Proceed** to be navigated to the ‘Claimant Portal Landing Screen’.

Confirmation

Confirmation Number: CON-27011

Your claimant account has been successfully completed. Visit our home page to file a claim.

Please retain a copy of this confirmation for your records.

Claimant ID: C-100000650

Steps

- Personal Information
- Contact Information
- Demographic Information
- Address
- Tax and Payment
- Benefit Payment Method
- Summary
- Confirmation**

Finish

Confirmation Screen

Claimant LaborFirst User Guide

General Portal Navigation

Claimant Portal Landing Page

This is the claimant portal landing page, which serves as the main entry point for users after logging in. Every time an existing user signs in, they are directed to this page, providing a consistent and familiar starting point. From here, users can quickly access key features such as dynamic quick links and notifications. Its purpose is to act as a centralized hub for all claimant-related activities, streamlining the user experience and reducing the time needed to find relevant details. Click 'Go to Home Page' to continue.

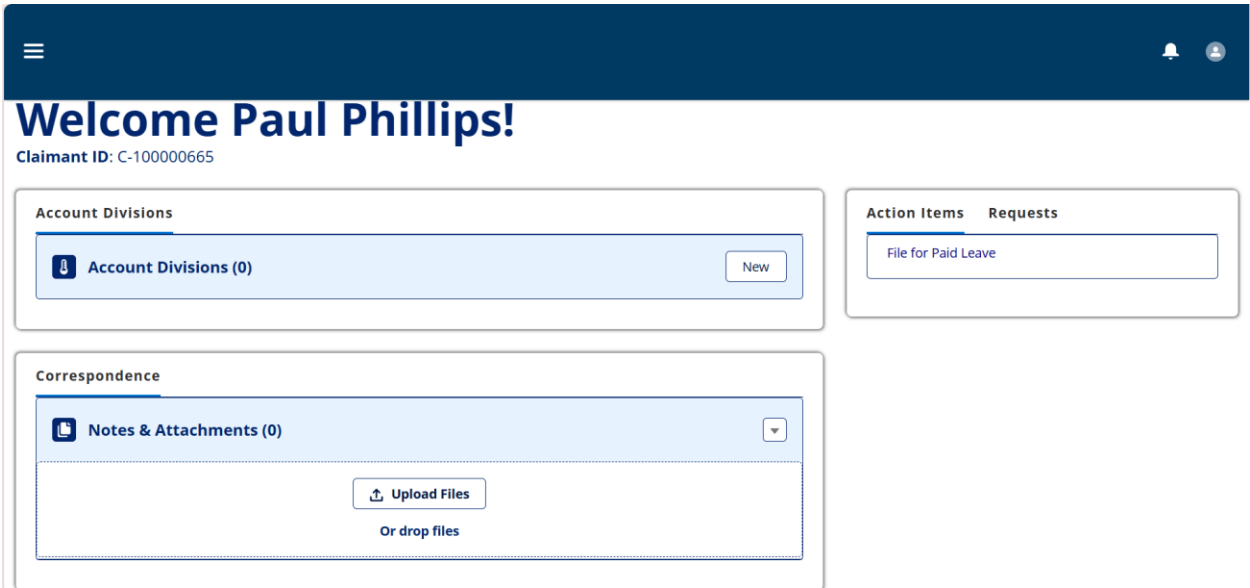


Claimant Portal Landing Page

Claimant LaborFirst User Guide

Claimant Portal Home Screen

The ‘Claimant Portal Home Screen’ displays the Claimant ID, Action Items, Requests and Uploaded Correspondences. The Account Division section displays a hyperlink that navigates the claimant to the Paid Leave Account Division Screen, where they can view all Paid Leave specific information.




Claimant Portal Home Screen

Claimant LaborFirst User Guide

Request to Update Personal Information

Action Items and Requests dynamically display based on the unique needs and tasks of the claimant. A request that is always available is to ‘Request to Update Personal Information’. This allows claimants to update their Name, Social Security Number, and Date of Birth as needed. Select the ‘Request to Update Personal Information’ hyperlink from the Requests section to begin the process.




Steve Logan


Welcome Steve Logan!

Claimant ID: C-100002010

Account Divisions

 Account Divisions (0)

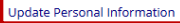
Correspondence

 Notes & Attachments (0)

Title	Type	Created By	Last Modified
-------	------	------------	---------------

Action Items

Requests

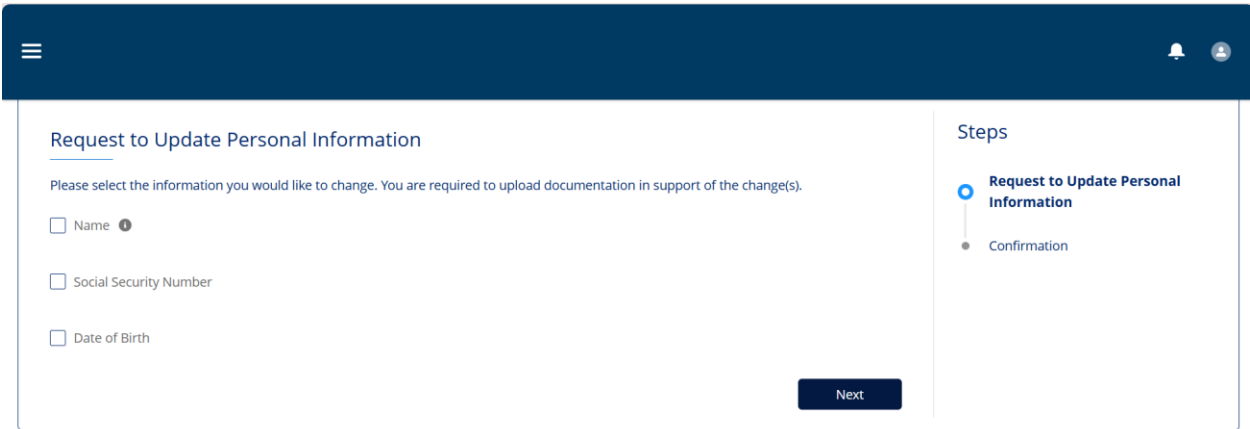
 Update Personal Information

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The first step in the process is the ‘Request to Update Personal Information’ screen. This screen allows claimants to select which piece of information they would like to update. Additionally, it informs claimants that in order to update personal information, they will need to upload the required documentation in support of the changes.


Make the appropriate selection(s) and then select, **Next**.



Request to Update Personal Information Screen

Claimant LaborFirst User Guide

Questions dynamically display based on the claimant's selection(s). When 'Name' is selected, the claimant is presented with their current name in the system in a read-only format. Additionally, claimants can enter their updated name in the text fields, and are prompted to provide relevant documentation supporting the change (Marriage Certificate Divorce Decree, etc.)



Steve Logan

Please select the information you would like to change. You are required to upload documentation in support of the change(s).

☒ Name
 ☐ Social Security Number
 ☐ Date of Birth

Current Name

First Name

Steve

Middle Name

Last Name

Logan

Update Name

* First Name

Steven

* Last Name

Logan

* Please upload supporting documentation regarding your name change

Upload Files

Or drop files

Please upload your supporting documents in one of the following formats: PDF, JPG, JPEG, or PNG. If you encounter any issues, verify that your document meets the format requirements before attempting to upload again.

Next


Request to Update Personal Information

Confirmation

Request to Update Personal Information: Name

Claimant LaborFirst User Guide

When ‘Social Security Number’ is selected, the claimant is presented with their current social security number in the system in a read-only format. Additionally, claimants can enter their updated social security number in the text fields, and are prompted to provide relevant documentation supporting the change (Social Security Card, etc.)



Steve Logan

Request to Update Personal Information

Please select the information you would like to change. You are required to upload documentation in support of the change(s).

☐ Name

☒ Social Security Number

☐ Date of Birth

Current Social Security Number

SSN

XXX-XX-1953

Update Social Security Number

* SSN

* Re-entered SSN

* Please upload supporting documentation regarding your social security number change

Upload Files

Or drop files

Next

Steps


Request to Update Personal Information

Confirmation

Request to Update Personal Information: Social Security Number

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When ‘Date of Birth’ is selected, the claimant is presented with their current date of birth in the system in a read-only format. Additionally, claimants can enter their updated date of birth in the text field, and are prompted to provide relevant documentation supporting the change (Birth Certificate, Form of ID, etc.)



Steve Logan

Request to Update Personal Information

Please select the information you would like to change. You are required to upload documentation in support of the change(s).

☐ Name
☐ Social Security Number
☒ Date of Birth

Current Date of Birth

Date of Birth
02/03/1953

Update Date of Birth

Date of Birth

Please upload supporting documentation regarding your date of birth change

Upload Files
Or drop files

Next

Steps

Request to Update Personal Information

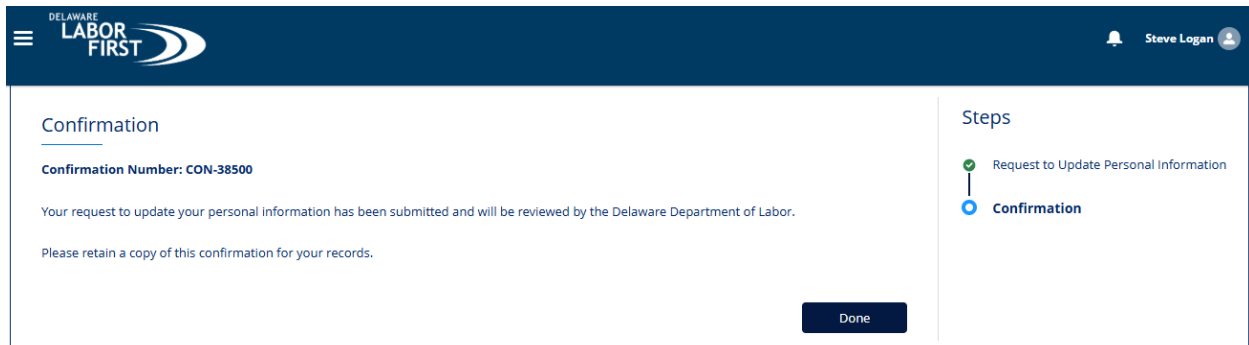
Confirmation

Request to Update Personal Information: Date of Birth

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The 'Confirmation' screen is presented when the claimant has successfully requested to update their personal information. This screen displays a Confirmation Number and a brief description of the request.



The screenshot shows the 'Confirmation' screen of the Delaware LaborFirst system. The header is dark blue with the 'DELAWARE LABOR FIRST' logo on the left and a user profile 'Steve Logan' on the right. The main content area is white and divided into two columns. The left column, titled 'Confirmation', displays the 'Confirmation Number: CON-38500' and a message: 'Your request to update your personal information has been submitted and will be reviewed by the Delaware Department of Labor. Please retain a copy of this confirmation for your records.' A 'Done' button is at the bottom right of this column. The right column, titled 'Steps', shows a vertical list of two steps: 'Request to Update Personal Information' (marked with a green checkmark) and 'Confirmation' (marked with a blue circle and a vertical line above it, indicating the current step).

Confirmation Screen

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Profile Icon

The ‘Profile Icon’ displays a drop-down menu that allows the user to navigate to various screens, including Account Information, Addresses, Payment Information and the ability to Log Out.

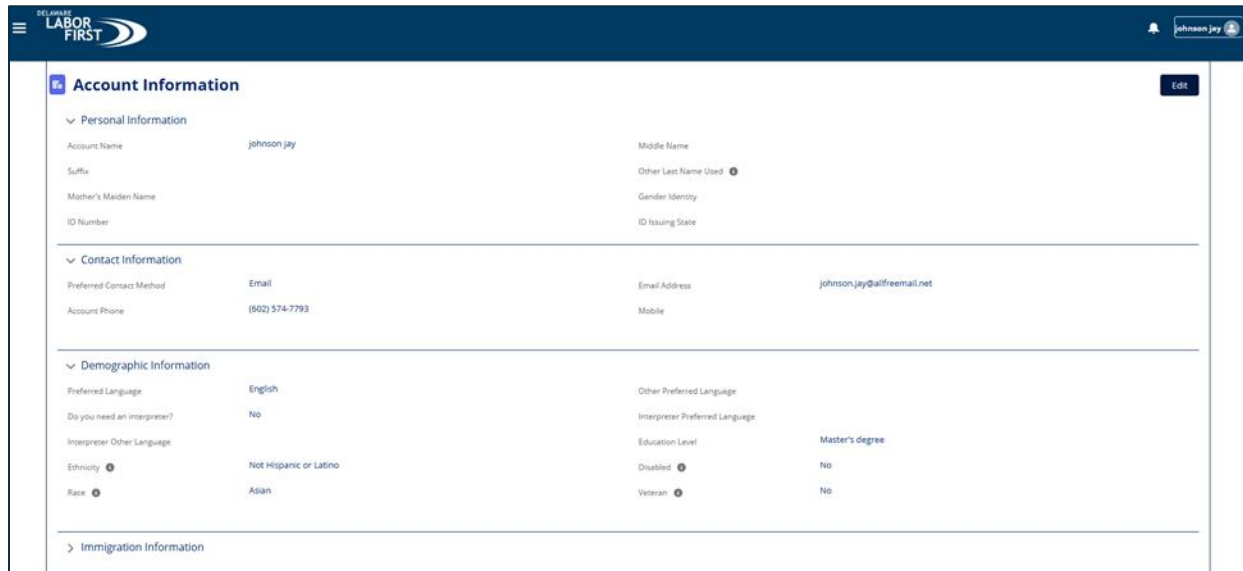


Profile Icon

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The 'Account Information' screen is used to display the user's Account Details, including: Personal Information, Contact Information, and Immigration Information. The information collected during Claimant Registration is pre-populated in a read-only format.

Select 'Edit' to make any adjustments to the information on this screen.




Account Information			
Personal Information			
Account Name	johnson jay		Middle Name
Suffix			Other Last Name Used
Mother's Maiden Name			Gender Identity
ID Number			ID Issuing State
Contact Information			
Preferred Contact Method	Email	Email Address	johnson.jay@allfreemail.net
Account Phone	(802) 574-7793	Mobile	
Demographic Information			
Preferred Language	English	Other Preferred Language	
Do you need an interpreter?	No	Interpreter Preferred Language	
Interpreter Other Language		Education Level	Master's degree
Ethnicity	Not Hispanic or Latino	Disabled	No
Race	Asian	Veteran	No
Immigration Information			

Account Information Screen

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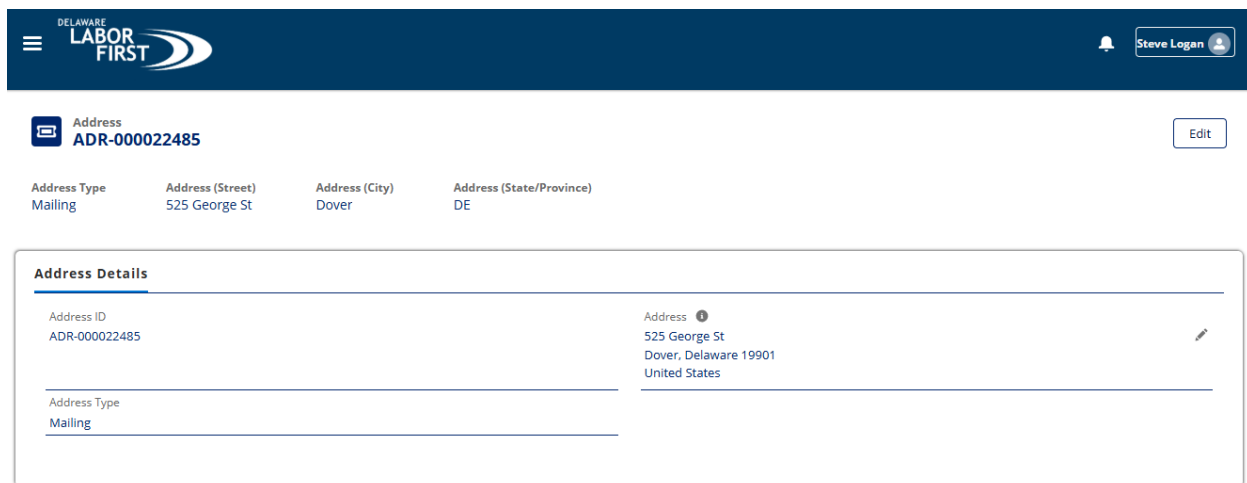
The 'Addresses' screen displays all physical and mailing addresses associated with Claimant's account. From this screen, Claimants can view and edit existing addresses; as well as add a new address.

<div>  <div>Steve Logan</div> </div>					
Person Accounts > Steve Logan Addresses 2 items • Updated a few seconds ago					
Address ID	Address Type	Address (Street)	Address (City)	Address (State/Province)	
1 ADR-000022485	Mailing	525 George St	Dover	Delaware	
2 ADR-000022486	Physical Location	525 George St	Dover	Delaware	

Addresses Screen

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To create a new address, select **Edit** in the top right corner of the screen.



DELAWARE LABOR FIRST

Address ID: ADR-000022485

Address Type: Mailing

Address (Street): 525 George St

Address (City): Dover

Address (State/Province): DE

Edit

Address Details

Address ID: ADR-000022485

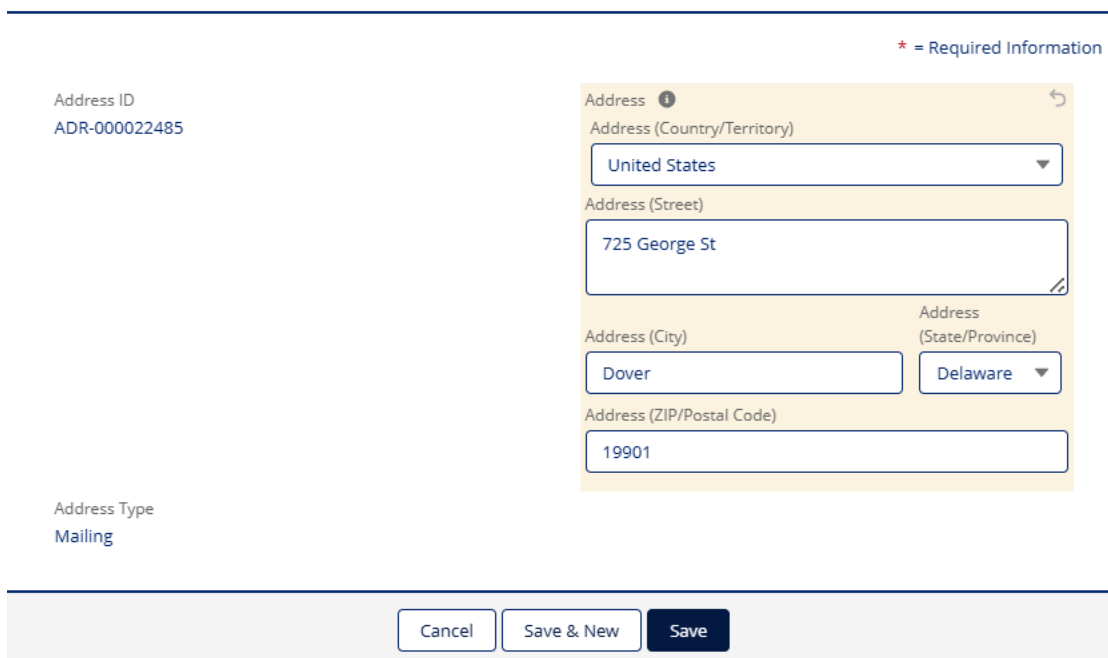
Address: 525 George St
Dover, Delaware 19901
United States

Address Type: Mailing

New Address Window

Enter the requisite information and then select **Save**.

Edit ADR-000022485



* = Required Information

Address ID: ADR-000022485

Address Type: Mailing

Address (Country/Territory): United States

Address (Street): 725 George St

Address (City): Dover


Address (State/Province): Delaware


Address (ZIP/Postal Code): 19901


Cancel Save & New Save

Claimant LaborFirst User Guide


The “new” address entered will be updated and confirmed by the system with a green banner.




Address "ADR-000022485" was saved.



Steve Logan


Address
ADR-000022485

Edit

Address Type

Address (Street)

Address (City)

Address (State/Province)

Mailing

725 George St

Dover

DE

Address Details

Address ID

ADR-000022485

Address ⓘ

725 George St

Dover, Delaware 19901

United States


Address Type


Mailing

Address Record

Claimant LaborFirst User Guide

The ‘Payment Sources / Tax Withholding’ Screen is used to allow viewing and editing access of payment sources and tax information. From here, claimants can toggle over the Payment Sources and Tax Withholding tabs to view and/or edit their information.





Steve Logan

Payment Sources

Tax Withholding

Update Payment Source

Payment Sources

1 item • Updated a few seconds ago


	Payment Source ID	Payment Type	Effective Date	End Date
1	PS-0000001530	Prepaid Debit Card	12/16/2025	


Payment Sources / Tax Withholding Screen

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Delaware Department of Labor - Confidential and Proprietary	Last
	Revised: 11/20/25

Claimant LaborFirst User Guide

To view existing payment sources and/or tax withholding information, select the Source ID.





Steve Logan

Account Division

Payment Source ID

PS-0000001530

Payment Type

Prepaid Debit Card

Account

Steve Logan

Effective Date

12/16/2025

End Date

▼

Direct Deposit Information


Bank Routing Number


Financial Institution Name

Bank Account Number


Bank Account Type

Payment Source Details Screen





Steve Logan



Tax Withholding

TWH-0000001215

DETAILS

RELATED

Name

TWH-0000001215

Withhold Federal Tax

No

Owner

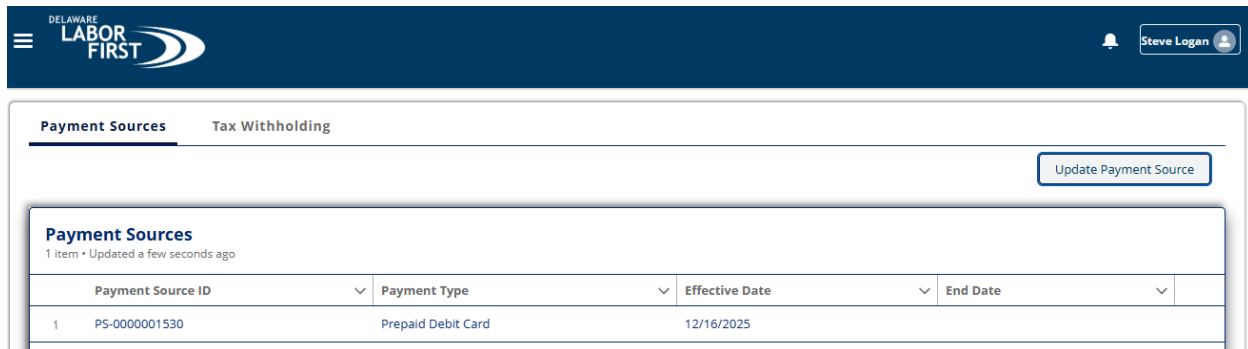
Steve Logan

Tax Withholding Details Screen

Claimant - Labor First User Guide	Page 33 of 60
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	Revised: 11/20/25

Claimant LaborFirst User Guide

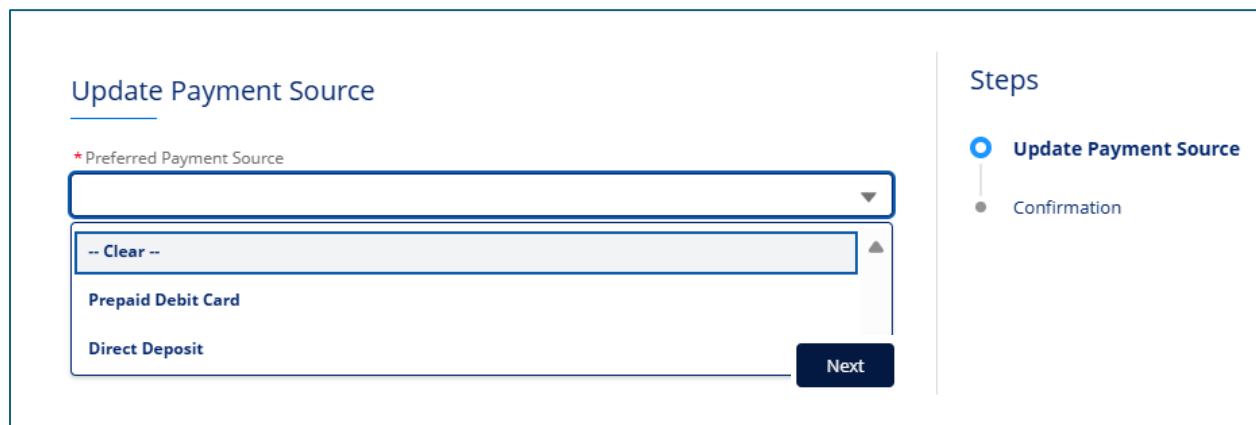
To make a change to the payment source select **Update Payment Source** on the righthand side of the 'Payment Source / Tax Withholding' screen.



Payment Source ID	Payment Type	Effective Date	End Date
1 PS-0000001530	Prepaid Debit Card	12/16/2025	

Claimants are prompted to choose their preferred payment source and have the option to select either Prepaid Debit Card or Direct Deposit. The selection made on this screen will dynamically populate the next screen in the process.

Select your preferred payment source, and then select **Next**.



Update Payment Source

* Preferred Payment Source

-- Clear --

Prepaid Debit Card
Direct Deposit

Next

Steps

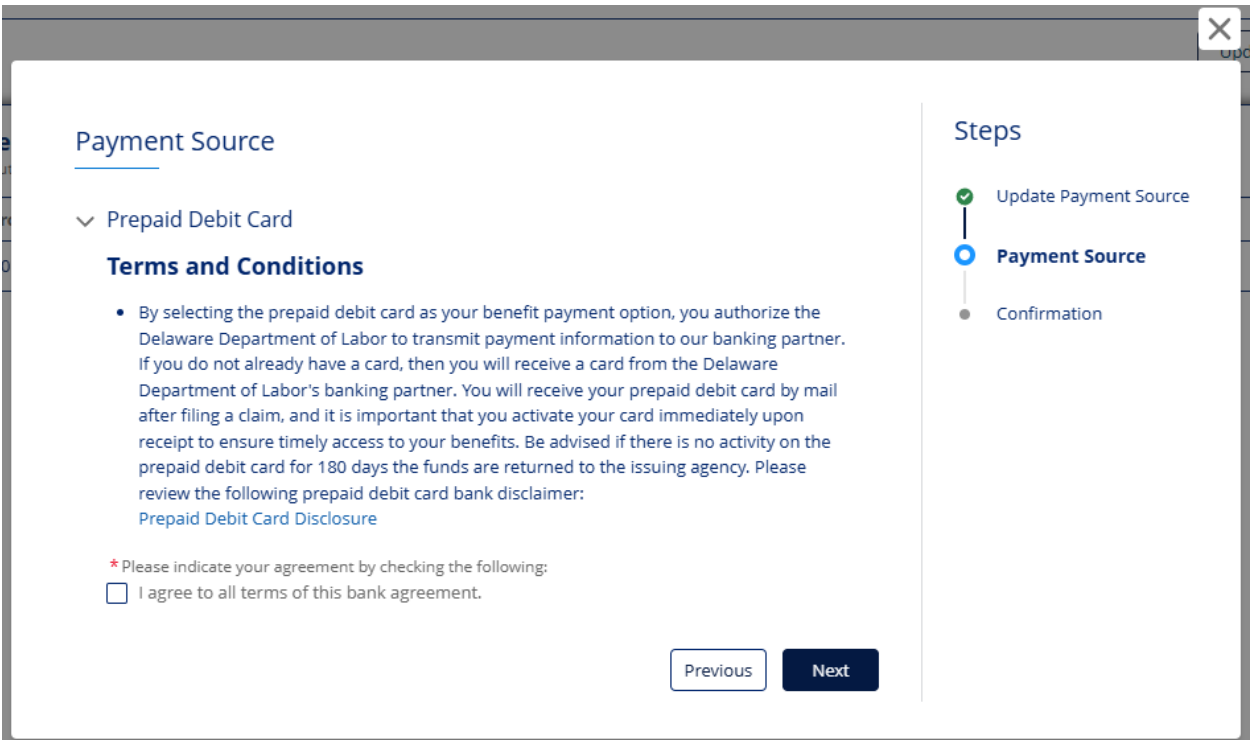
- Update Payment Source
- Confirmation

Update Payment Source Window

Claimant LaborFirst User Guide

The next screen in the process is the ‘Payment Source’ screen, and the information will dynamically display based on the preferred payment source the claimant selected.

If they selected Debit Card, the claimant is prompted to review the terms and conditions, select the certification checkbox, and then select **Next**.



Payment Source

▼ Prepaid Debit Card

Terms and Conditions

- By selecting the prepaid debit card as your benefit payment option, you authorize the Delaware Department of Labor to transmit payment information to our banking partner. If you do not already have a card, then you will receive a card from the Delaware Department of Labor's banking partner. You will receive your prepaid debit card by mail after filing a claim, and it is important that you activate your card immediately upon receipt to ensure timely access to your benefits. Be advised if there is no activity on the prepaid debit card for 180 days the funds are returned to the issuing agency. Please review the following prepaid debit card bank disclaimer: [Prepaid Debit Card Disclosure](#)

* Please indicate your agreement by checking the following:
☐ I agree to all terms of this bank agreement.

Previous

Next

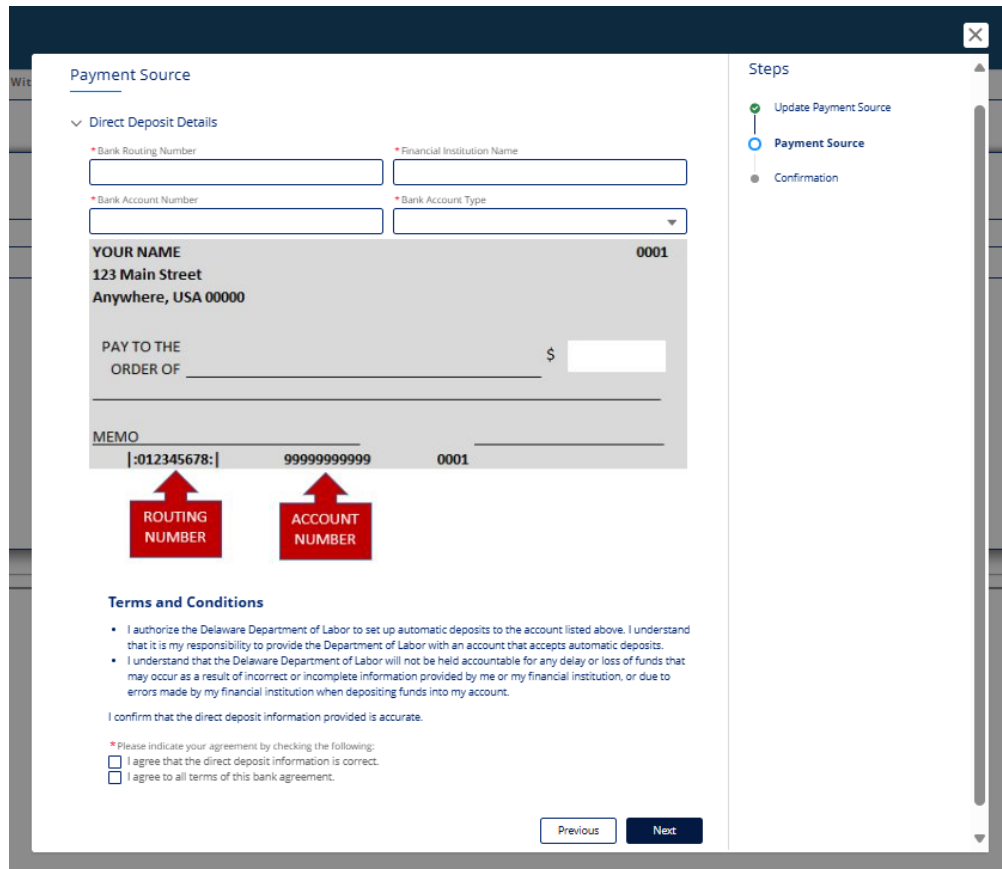
Steps

- Update Payment Source
- Payment Source**
- Confirmation

Update Payment Source Window: Debit Card

Claimant LaborFirst User Guide

If they selected Direct Deposit, the claimant is prompted to enter their bank account information, select the certification check-box, and then select **Next**.



Payment Source

Direct Deposit Details

* Bank Routing Number * Financial Institution Name

* Bank Account Number * Bank Account Type

YOUR NAME 0001
123 Main Street
Anywhere, USA 00000

PAY TO THE ORDER OF \$

MEMO

|:012345678:| 9999999999 0001

ROUTING NUMBER **ACCOUNT NUMBER**

Terms and Conditions

- I authorize the Delaware Department of Labor to set up automatic deposits to the account listed above. I understand that it is my responsibility to provide the Department of Labor with an account that accepts automatic deposits.
- I understand that the Delaware Department of Labor will not be held accountable for any delay or loss of funds that may occur as a result of incorrect or incomplete information provided by me or my financial institution, or due to errors made by my financial institution when depositing funds into my account.

I confirm that the direct deposit information provided is accurate.

* Please indicate your agreement by checking the following:

☐ I agree that the direct deposit information is correct.

☐ I agree to all terms of this bank agreement.

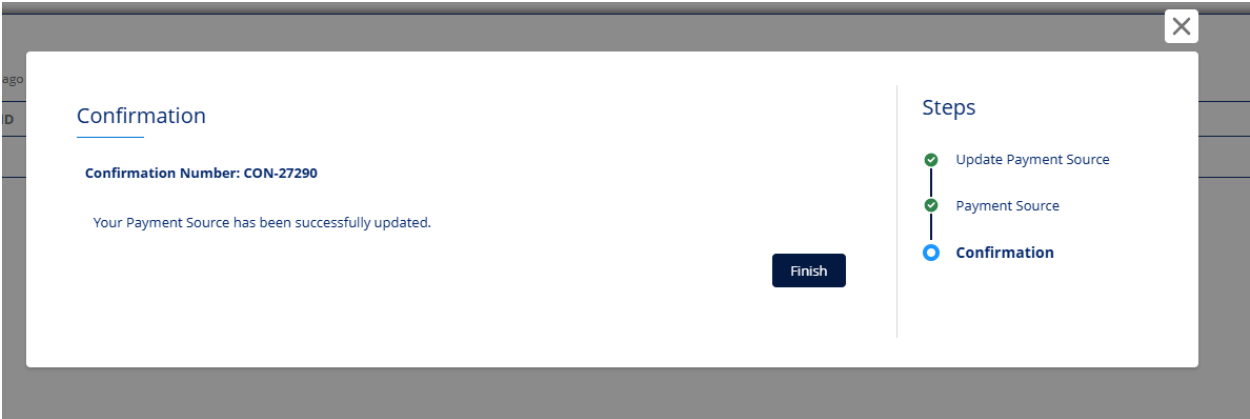
Steps

- Update Payment Source
- Payment Source**
- Confirmation

Update Payment Source Window: Direct Deposit

Claimant LaborFirst User Guide

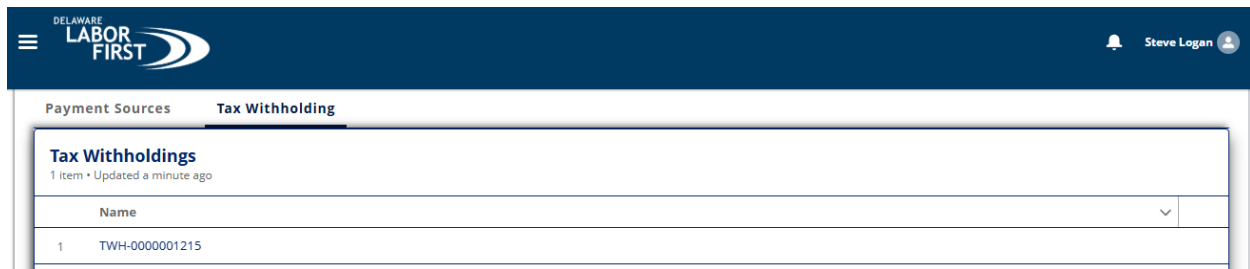
The ‘Confirmation’ screen is displayed upon successfully updating the payment source information. Select ‘Finish’ to close the window.



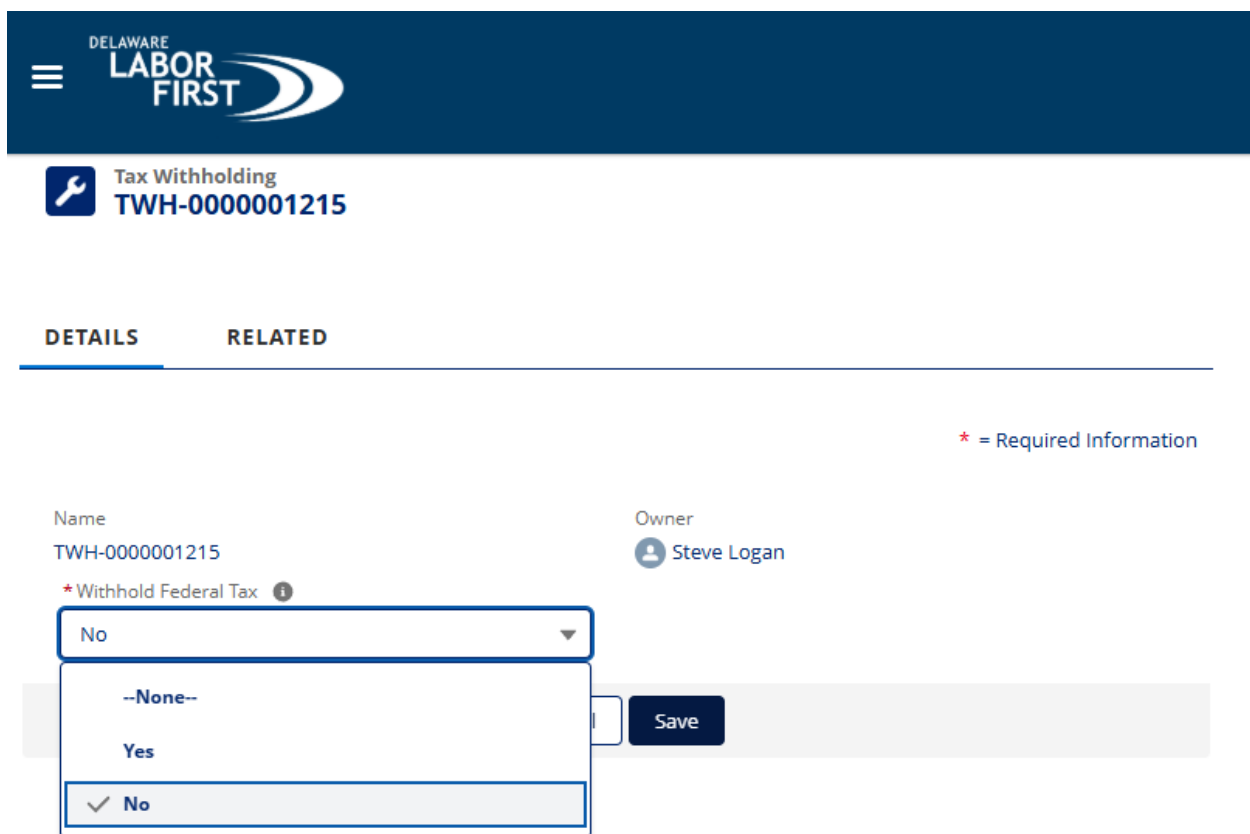
Update Payment Source Window: Confirmation Screen

Claimant LaborFirst User Guide

To change/update the Tax Withholding information, select the TWH ID hyperlink.



To change Tax Withholding information, select the **dropdown arrow** and select **yes or no**. The window allows the claimant to change their tax withholding information, and then select **Save** to close the window.




New Tax Withholding Window

Claimant LaborFirst User Guide

File a Paid Family Medical Leave Claim

To begin the Claim Filing process, the claimant will select the **File Paid Family Medical Leave Claim** from the Action Item list on their Home Page, or, they can select the quick link on the 'Claimant Portal Landing Page'.


Steve Logan

Welcome Steve Logan!

Claimant ID: C-100002010

Account Divisions

Account Divisions (0)

Action Items Requests


File Paid Family Medical Leave Claim


Correspondence

Notes & Attachments (0)

Title	Type	Created By	Last Modified
-------	------	------------	---------------


File Paid Family Medical Leave Claim Action Item


Paul Phillips




Hi Paul Phillips, Welcome to the Delaware LaborFirst Claimant Portal.

This Portal is designed to make the claims process as simple and seamless as possible. Whether you're filing a new claim or tracking an existing one, everything you need is right here.



Go to Home Page



File Paid Family Medical Leave Claim


File Paid Family Medical Leave Claim Quick Link

Claimant LaborFirst User Guide

The first screen in the Claim Filing process is the ‘Important Information’ screen. It includes a brief description of the information a claimant will need in order to file a Paid Family Medical Leave Claim.

The ‘Steps Progress Bar’ on the right side of the screen is displayed throughout the process. The user may click on the previous ‘Steps’ from the status bar to navigate to previous screen.

Review the information and select **Next**.



Paul Phillips

Important Information

Before you apply:

- Inform your employer. You must be actively employed to receive paid leave benefits
- Be prepared to provide important information about your claim
 - Parental Leave: information about the birth, adoption, or foster care placement of your new child
 - Medical Leave: information regarding your serious health condition and your health care provider
 - Family Caregiving Leave: information regarding your spouse, parent, or child's serious health condition and their health care provider
 - Qualified Exigency Leave: information regarding your spouse, parent, or child's overseas military deployment
- Anticipated start and end dates of your paid leave
- You may need your paystub or W-2 from your current employer

Next

Steps

Important Information

Employment Information

Summary

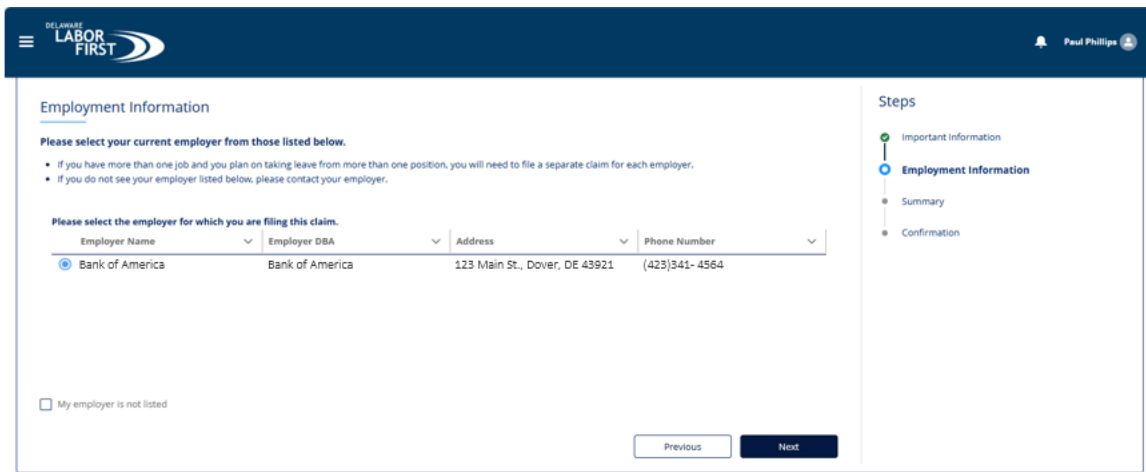
Confirmation

Important Information Screen

Claimant LaborFirst User Guide

The ‘Employment Information’ screen allows the claimant to indicate the employer they wish to file their claim against. LaborFirst will dynamically display employers who have, in at least 3 of the last 4 quarters, reported wages for the Name/SSN of the claimant. If that criteria is not met, the employer will not be displayed.

Claimants will select the employer they wish to file a claim against, and then select **Next**.

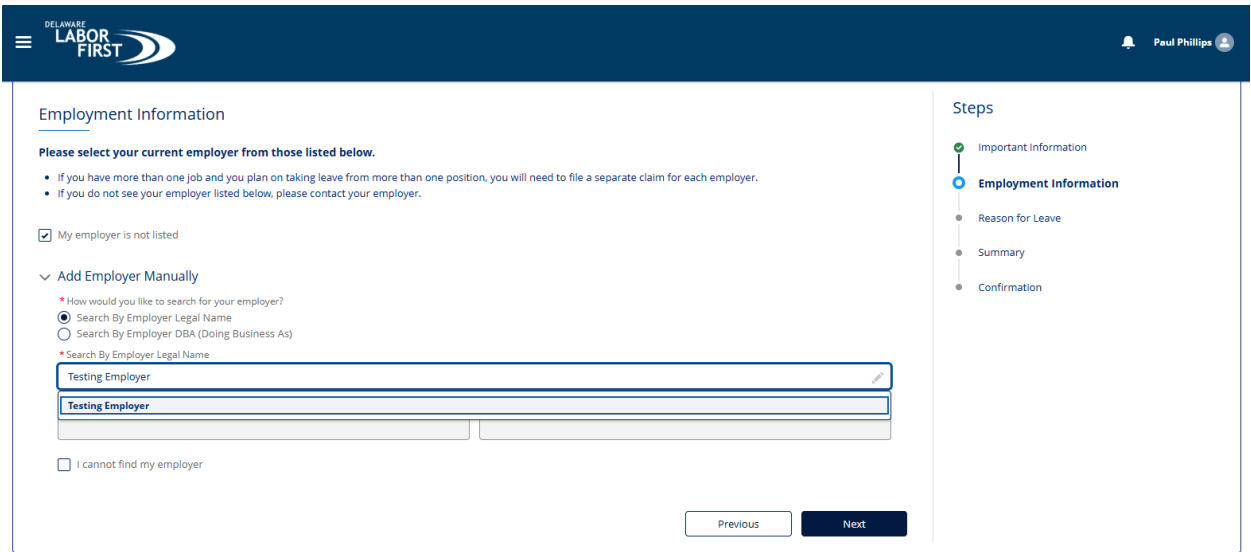


Employment Information Screen

Claimant LaborFirst User Guide

If the claimant does not see their Employer listed, they can select **My employer is not listed** to search for their employer. Claimants can search by Employer Legal Name or Employer DBA Doing Business As.

Claimants will utilize the search field to look up employer information, select the employer, and then select **Next**.



Employment Information Screen: Search for Employer

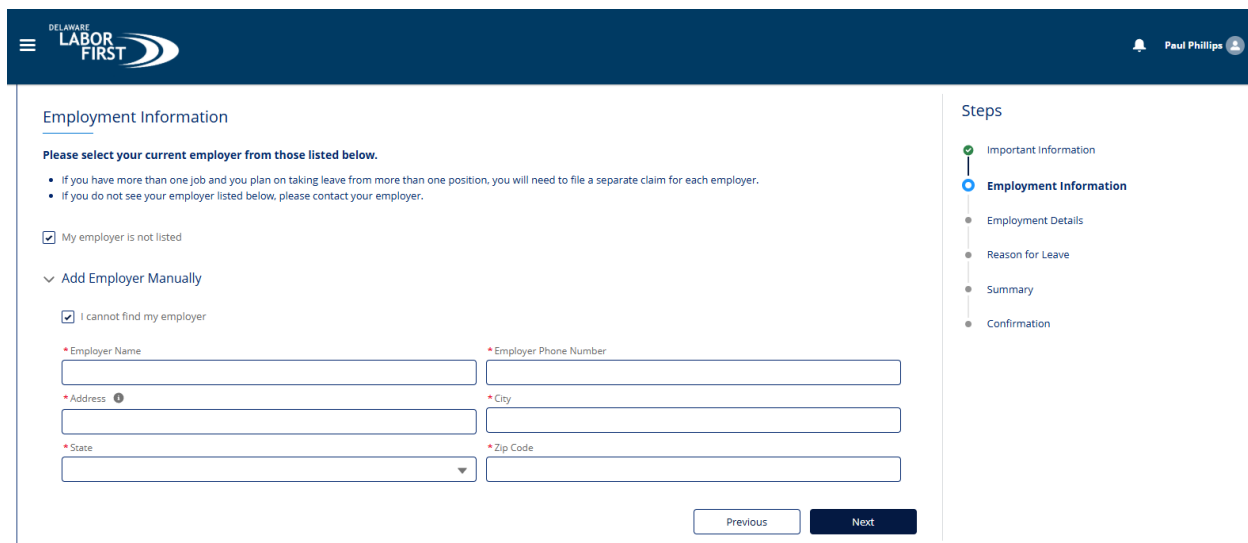
Claimant LaborFirst User Guide

If the claimant cannot "find their employer via the search function, they can select **I cannot find my employer** to enter information manually.

(**NOTE:** Before you move forward, please check with your employer to make sure you have the correct legal name of the business and confirm that they've created an account and registered for paid leave.)

By selecting the checkbox, claimants can manually enter their employers' name, phone number and address.

Enter the requisite information, and then select **Next**.



Employment Information

Please select your current employer from those listed below.

- If you have more than one job and you plan on taking leave from more than one position, you will need to file a separate claim for each employer.
- If you do not see your employer listed below, please contact your employer.

☒ My employer is not listed

▼ Add Employer Manually

☒ I cannot find my employer

* Employer Name

* Employer Phone Number

* Address

* City

* State

* Zip Code

[Previous](#) [Next](#)

Steps

- Important Information
- Employment Information**
- Employment Details
- Reason for Leave
- Summary
- Confirmation

Employment Information Screen: Manual Entry

Claimant LaborFirst User Guide

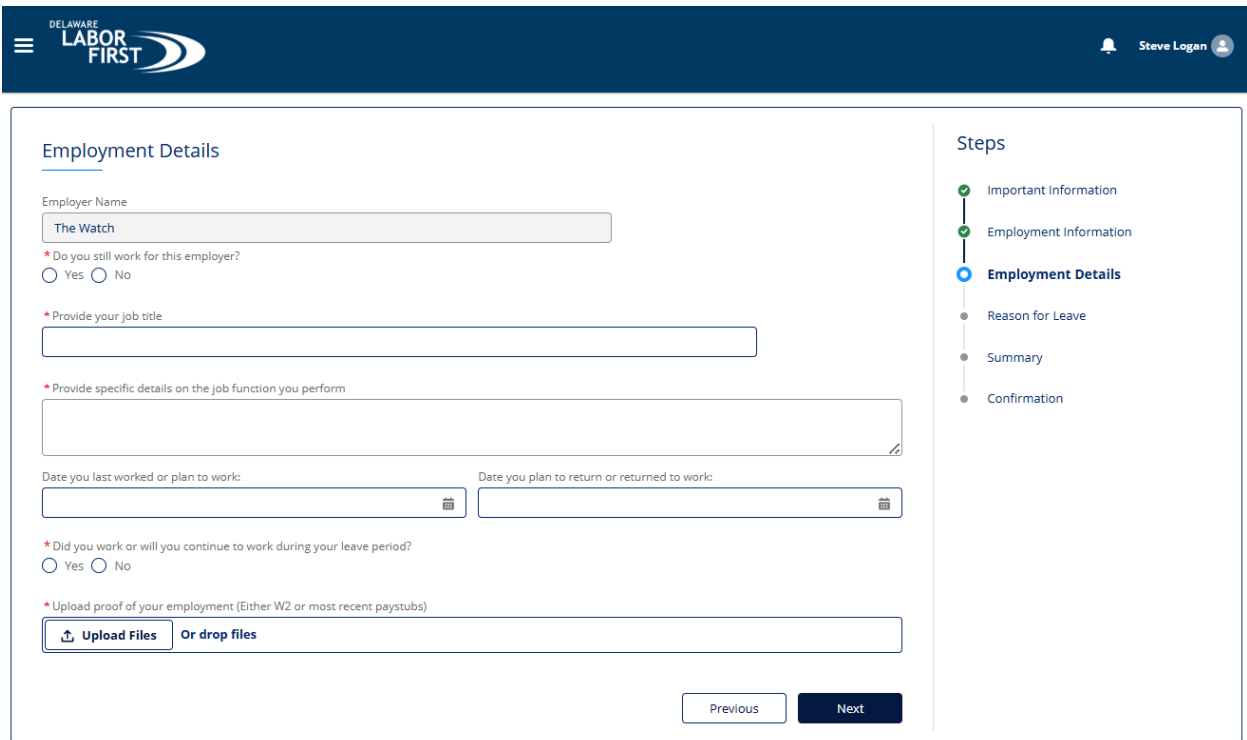
The ‘Employment Details screen allows the claimant to provide employment details, specifically: employment status, job title, job duties, and proof of employment.

When uploading proof of employment, please ensure you provide one of the following acceptable documents:

- **W-2 Form**
- **Recent Pay Stub**
- **Tax Documents** showing employer information

All documents must clearly display your name and employer details.

Enter the requisite information and then select, **Next**.




Employment Details Screen

Claimant LaborFirst User Guide

The next screen allows claimants to select their reason for leave. The questions on this screen drive are dynamic questions and screens that are given later in the claim filing process based on the selections made.

Enter the requisite information and then select **Next**.



Steve Logan

Reason for Leave

Please respond to the below question(s) to help us determine what type of leave you are filling for.

* I have to take time off from work to deal with my own serious or chronic illness or injury.

☐ Yes
☒ No

* I have to take time off from work to care for my parent, spouse or child that has a serious or chronic illness or injury.

☐ Yes
☒ No

* I want to take time off from work to care for and bond with my healthy newborn, adopted, or foster child.

☐ Yes
☒ No

* I have to take time off from work to deal with my parent, spouse or child's active military deployment. (Overseas military deployment which includes Alaska and Hawaii).

☒ Yes
☐ No

Previous

Next

Steps

Important Information

Employment Information

Employment Details

Reason for Leave

Qualified Exigency

Summary

Confirmation

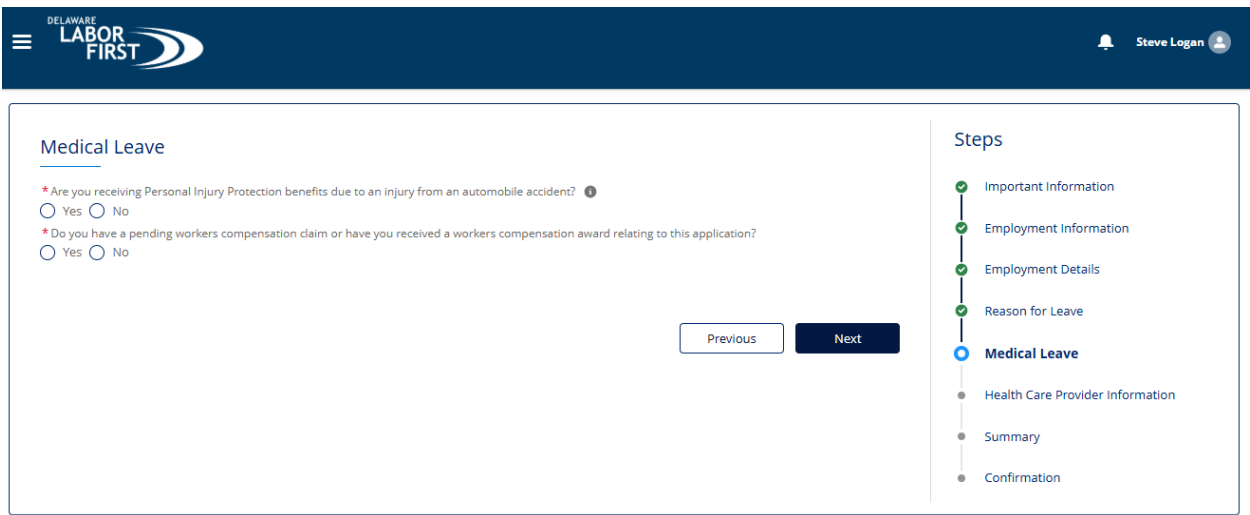
Reason for Leave Screen

Claimant LaborFirst User Guide

The following screens displays dynamically based on the selections made on the ‘Reason for Leave’ screen. If the claimant indicated that they are taking time off from work to deal with their own serious health condition, the ‘Medical Leave’ screen populates next.

The ‘**Medical Leave**’ screen asks claimants if their injury is the result of an automobile accident and asks if the claimant has a pending workers compensation claim related to the injury and/or illness.

Answer the requisite questions and select **Next**.




Medical Leave Screen

Claimant LaborFirst User Guide

If the claimant indicated that they are taking time off from work to deal with the serious health condition of a parent, spouse or child, the **'Family Caregiver Leave'** screen populates next.

This screen asks the claimant to enter their family members' information, and upload supporting documentation. Enter the requisite information and then select **Next**.


Matthew Ellis

Family Caregiving Questions

- Parent:** This includes biological, adopted, step, foster father or mother, or any other individual who stood in loco parentis (This does NOT include parents-in-law). In loco parentis means a person who assumes the obligations of a parent to a child.
- Child:** This is a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either: under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability at the time leave is to commence.
- Spouse:** This is a husband or wife as defined or recognized in the state where the individuals were married and includes persons in common law or same-sex marriages. Spouse also includes a husband or wife in a marriage that was validly entered into outside of the United States if the marriage could have occurred here in at least one state.

Family Member's First Name

Family Member's Middle Name

Family Member's Last Name

Family Member's Date of Birth

What is your relationship with this person

Will you be assisting with basic medical, hygiene, nutritional, safety, transportation needs, physical care, or psychological comfort?

☐ Yes
 ☐ No

As a evidence of the relationship, select one of the following and attach a copy of the document selected:

Please upload the supporting documentation you have selected above:

Upload Files

Or drop files

Previous

Next

Steps

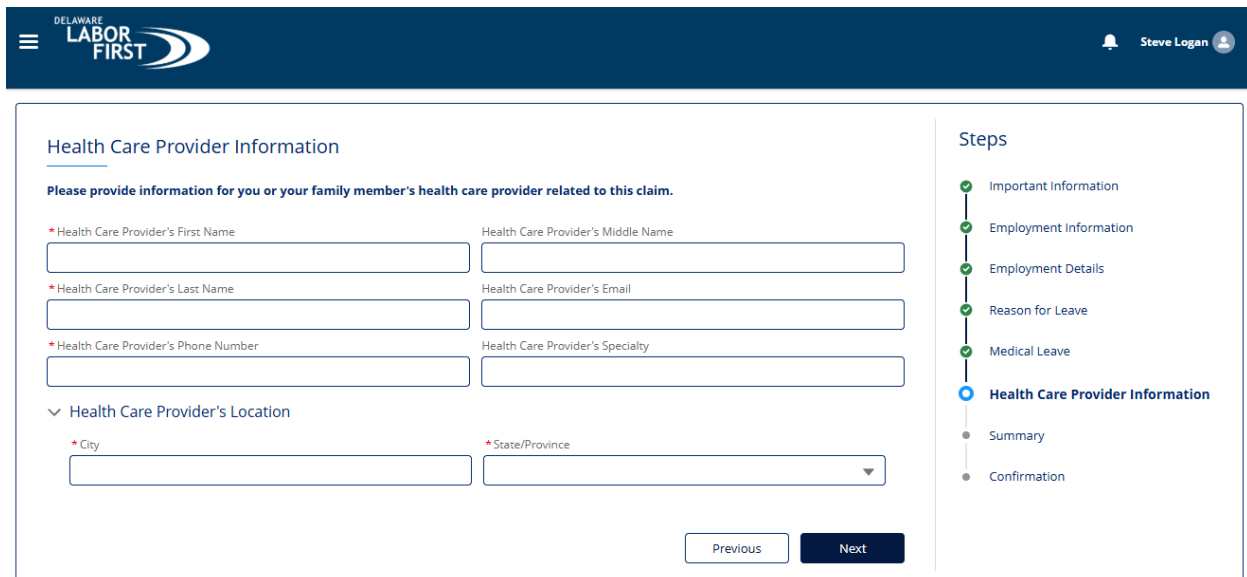
- Important Information
- Employment Information
- Employment Details
- Reason for Leave
- Family Caregiving Questions**
- Health Care Provider Information
- Summary
- Confirmation

Family Caregiver Screen

Claimant LaborFirst User Guide

If Family Caregiver and/or Medical Leave is selected as the reason for leave, the Health Care Provider Information screen also populates to collect Health Care Provider Information. Please note: this screen does not display if the reason for leave is Parental Leave and/or Qualified Exigency.

The claimant will enter their **Health Care Provider** Information, and then select **Next**.



The screenshot shows the 'Health Care Provider Information' screen. At the top, there is a dark blue header with the 'DELAWARE LABOR FIRST' logo on the left and a user profile 'Steve Logan' on the right. The main content area is white and contains the following elements:

- Title:** Health Care Provider Information
- Instruction:** Please provide information for you or your family member's health care provider related to this claim.
- Form Fields:**
 - * Health Care Provider's First Name (text input)
 - Health Care Provider's Middle Name (text input)
 - * Health Care Provider's Last Name (text input)
 - Health Care Provider's Email (text input)
 - * Health Care Provider's Phone Number (text input)
 - Health Care Provider's Specialty (text input)
 - Health Care Provider's Location (expanded section):
 - * City (text input)
 - * State/Province (dropdown menu)
- Navigation:** 'Previous' and 'Next' buttons at the bottom right.
- Steps Sidebar:** A vertical list of steps on the right side:
 - Important Information (green circle)
 - Employment Information (green circle)
 - Employment Details (green circle)
 - Reason for Leave (green circle)
 - Medical Leave (green circle)
 - Health Care Provider Information (blue circle, active)**
 - Summary (grey circle)
 - Confirmation (grey circle)


Health Care Provider Information Screen

Claimant LaborFirst User Guide

If the claimant indicated that they are taking time off from work to care for and bond with their healthy newborn, adopted or foster child, the **‘Parental Leave’** screen dynamically populates.

This screen asks the claimant to provide additional details regarding their new child. Additionally, Parental Leave and Qualified Exigency claims require claimants to enter their desired leave schedule (covered on page 51).

Enter the requisite information and then select **Next**.



Steve Logan

Parental Leave Questions

Parental Leave covers the following relationships with a child:

- This is a biological, adopted, or foster child, a stepchild, a legal ward, or a child of person standing in loco parentis who is either: under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability at the time that leave is to commence.

* Child listed is my:

* Child's Date of Birth

* Child's First Name

Child's Middle Name

* Child's Last Name

* As evidence of the relationship, select one of the following and attach a copy of the document selected:

* Please upload the supporting documentation you have selected above:

Upload Files

Or drop files

+ Add New

Leave Schedules

How do you plan to take your leave?

Start Date

End Date

Please add Leave Schedule to proceed

Previous

Next

Steps

Important Information

Employment Information

Employment Details

Reason for Leave

Parental Leave Questions

Summary

Confirmation


Parental Leave Screens

Claimant LaborFirst User Guide

If the claimant indicated that they are taking time off from work to deal with their parents, spouse, or child's military deployment duty, the 'Qualified Exigency' screen dynamically populates.

This screen asks the claimant to provide additional details regarding the military deployment. Additionally, Parental Leave and Qualified Exigency claims require the claimant to enter their desired leave schedule (covered on page 51).

Enter the requisite information and then select **Next**.



Steve Logan

Qualified Exigency

- This is leave for authorized qualified issues that arise in connection with a military deployment.

Military Member's First Name

Military Member's Middle Name

Military Member's Last Name

Military Member's Date of Birth

Relationship to Military Member

Period of Military Member's Covered Active Duty

Begin Date

End Date

Please select from the following options the reason(s) for your claim related to the qualifying event:

☐ Short notice deployment (within 7 or fewer days of notice)
 ☐ Attending military events and related activities
 ☐ Childcare and related activities
 ☐ Activities related to care of the military member's parent
 ☐ Making or updating financial and legal arrangements
 ☐ Attending counseling for the employee, the military member, or the child of the military member
 ☐ Military member's short-term, temporary Rest and Recuperation leave (R&R)
 ☐ Post-deployment activities (Within 90 days of the end of the covered active duty)
 ☐ Any other event that meets the definition of a 'qualified exigency' in federal Family Medical Leave Act (FMLA) program

Please select one of the following documents to support the military member is on covered active duty or impending call to covered active duty:

Please upload the supporting documentation related to the section made above:

Upload Files

Or drop files

Do you have any additional supporting documentation you would like to upload relating to your leave?

☐ Yes
 ☐ No

Leave Schedules

How do you plan to take your leave?

Start Date

End Date

Please add Leave Schedule to proceed

Previous

Next

Steps

Important Information

Employment Information

Employment Details

Reason for Leave

Qualified Exigency

Summary

Confirmation

Qualified Exigency Screen

Claimant LaborFirst User Guide

When applying for Parental Leave or Qualifying Exigency Leave, the leave schedule is provided by the claimant. For Medical or Family Caregiving, the leave schedule is provided by the healthcare provider.

When the claimant selects '+ Add New' on the leave schedule, this flyout screen appears. This screen describes the different kinds of leave. Conditional questions are displayed based on the leave schedule type.

(NOTE: Parental leave is continuous by default. You can only choose options like reduced hours per day, reduced days per week, or intermittent leave if your employer has a policy that allows it.

Before entering your leave schedule, **confirm with your employer** whether these options are permitted.)

Claimants can choose from the following Leave Schedule types:

- Continuous: Leave is taken all at once in an uninterrupted block of time
 - Enter 'Start Date' and 'End Date'
- Reduced Hours Per Day: Allows the claimant to continue working standard number of days per week, but with a reduced amount of hours per shift.
 - Enter 'Start Date' and 'End Date'
 - Enter Percentage of time per day you will take off
- Reduced Days Per Week: Allows Claimant to maintain the full duration of the shift, but reduces the number of days per week worked.
 - Enter 'Start Date' and 'End Date'
 - Enter how many days a week you will be off
- Intermittent: Allows the Claimant to take leave in separate blocks of time on a periodic basis
 - Enter 'Start Date'

Claimant LaborFirst User Guide

Enter the requested information, and then select ‘Save’

Continuous: A leave schedule in which leave is taken all at once in a single, uninterrupted block of time. If your leave covers a full workweek, choose Continuous. Enter dates starting on Sunday and ending on Saturday, even if your actual workdays are different.

Reduced Hours Per Day: A leave schedule that allows you to work fewer hours per day. Enter the percentage of a full workday you will work. Example: If you will work half the day, enter 50%. If you are taking Parental Leave, this is only allowed if permitted by your employer.

Reduced Days Per Week: A leave schedule that allows you to work fewer days per week while on leave. For example, you might work three days and take leave the other two.

Intermittent: A leave schedule that allows leave to be taken in separate blocks of time on a periodic basis, rather than a continuous period of time. The blocks of time can vary in length. If you are taking Parental Leave, this is only allowed if permitted by your employer.

***How do you plan to take your leave?**

☐ Continuous
 ☐ Reduced Hours Per Day
 ☐ Reduced Days Per Week
 ☐ Intermittent

Example: Your regular work week is Monday through Friday, and you plan to take leave from January 12 ending January 26. In Delaware LaborFirst, a week is defined as Sunday through Saturday. To enter your leave correctly, select "Continuous" for the period of January 11 through January 24, since this covers two full weeks of leave. Then, create a separate leave period for the week of January 25 using the "Reduced Days Per Week" option, and select one day of leave for January 26.

January 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				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

Continuous Leave

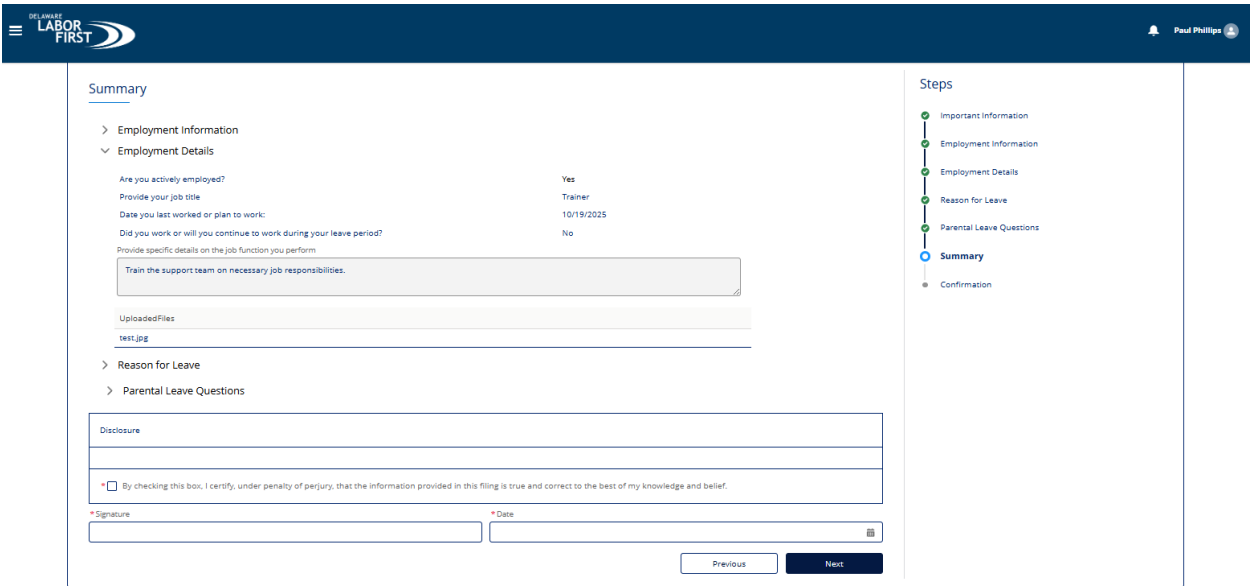
Reduced Days Per Week

Save

Leave Schedule Window

Claimant LaborFirst User Guide

The ‘Summary’ screen displays all fields and responses from the claim filing process. Review the information for accuracy, select the disclosure agreement, sign, date and select **Next** to continue.



Summary Screen

Claimant LaborFirst User Guide

The ‘Confirmation’ screen is displayed upon successful completion of the registration process. Additionally, a confirmation email will be sent to the claimant. Select Finish to be navigated to the Claimant Portal Landing Page.




Confirmation Screen


Claimant LaborFirst User Guide

Paid Leave Account Division Screen


The Paid Leave Account Division Screen displays information related to Paid Family Medical Leave, including: the ability to file a claim, view existing claim information and registration status. Claimants navigate to this screen by selecting the Account Division ID from the ‘Claimant Portal Home Page’. The Claimant will also find their action items here—these are tasks they needs to complete, like uploading documents, responding to requests, or confirming information.

The ‘Claims’ section of the ‘Paid Leave Account Division’ screen displays the link(s) to view information surrounding an existing claim. This includes claims that are active, completed, or pending review. Each claim will display important details such as its status, submission date, and any next steps required. Select the **Claim ID** to navigate to the ‘Claim Details’ screen.





Paul Phillips



Account Division
PL-C-100000665

Account

Registration Date


Registration Status

Paul Phillip

10/14/2025, 10:43 AM

Registered

Claims



Claims (1)

Claim ID	Claim Type	Claim Filed Date	Status
CLM-00000112	Parental	10/14/2025	Pending

View All

Action Items

File Paid Family Medical Leave Claim

About | Contact Us

LaborFirst © 2025 | Version 1.000.000


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	Revised: 11/20/25

Claimant LaborFirst User Guide

Claim Details Screen

The Claimant can use this page to see all the details related to their claim in one place. This includes Claim Details, Monetary Details, Claim History, Leave Details, Health Care Provider Information and uploaded notes and attachments. Examples of Correspondances claimant’s may see here include an Approval or Denial Letter.

Claimants can select into the tab they wish to view to see additional information.



johnson jay

Claims

CLM-00000166

Weekly Benefit Amount

\$0

Status

Pending

Reason

Health Care Provider Certification

Details

Monetary Details

Claim History

Leave Details

Health Care Provider Information

Information

Program Type

Paid Family Medical Leave

Claim Filed Date

10/20/2025

Benefit Year Begin Date

10/19/2025

Weekly Benefit Amount

\$0

Claim Type

Medical

Claim Effective Date

10/19/2025

Benefit Year End Date

10/17/2026

Notes & Attachments (0)

Title

Type

Created By

Last Modified

Upload Files

Benefits Payments (0)

Leave Schedules (6+)

Schedule ID	Week Start Date	Week End Date	Schedule Type
LS-00000705	10/19/2025	10/25/2025	Continuous
LS-00000706	10/26/2025	11/1/2025	Continuous
LS-00000707	11/2/2025	11/8/2025	Continuous
LS-00000708	11/9/2025	11/15/2025	Continuous
LS-00000709	11/16/2025	11/22/2025	Continuous
LS-00000710	11/23/2025	11/29/2025	Continuous

View All


Claim Details Screen


Claimant LaborFirst User Guide

Request Claims Review

If a claim is denied, the Claimant has the right to initiate a claim review, whereby Paid Leave Staff will review the Employer’s initial decision. This process begins on the ‘Claim Details’ screen.

Select **Request Claim Review** on the top right corner of the ‘Claim Details’ screen.





Paul Phillips

Claims

CLM-00000112

Weekly Benefit Amount

\$0

Status

Ineligible

Reason

Decision Made

Claimant has 60 days to request a review after employer or system denial

Request Claim Review

Details

Monetary Details

Claim History

Leave Details

Health Care Provider Information

Information

Program Type

Paid Family Medical Leave

Claim Filed Date

10/14/2025

Benefit Year Begin Date

10/12/2025

Weekly Benefit Amount

\$0

Claim Type

Parental

Claim Effective Date

10/12/2025

Benefit Year End Date

10/10/2026

Notes & Attachments (0)

Upload Files

Title	Type	Created By	Last Modified
-------	------	------------	---------------

Benefits Payments (0)

Leave Schedules (3)

Schedule ID	Week Start D...	Week End Da...	Schedule Type
LS-00000529	10/12/2025	10/18/2025	Continuous
LS-00000530	10/19/2025	10/25/2025	Continuous
LS-00000531	10/26/2025	11/1/2025	Continuous

View All

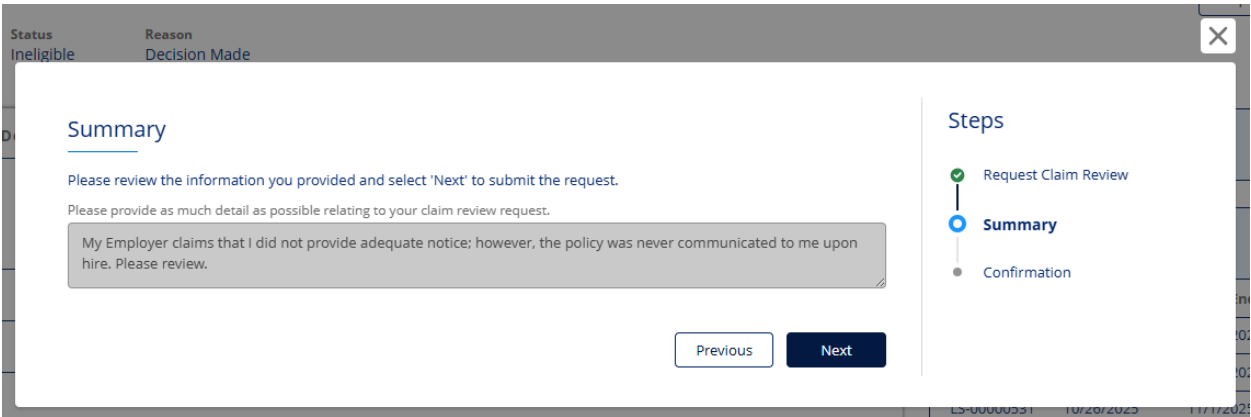
Employer Adjudication (2)

Employer Adjudication ID	Claim Decision
--------------------------	----------------

Request Claim Review Link

Claimant LaborFirst User Guide

The ‘Summary’ screen displays the entered information in a read-only format. If the Claimant would like to make any edits, select **Previous** to navigate back to the ‘Request Claim Review’ screen.



Status
Ineligible
Reason
Decision Made

Summary

Please review the information you provided and select 'Next' to submit the request.

Please provide as much detail as possible relating to your claim review request.

My Employer claims that I did not provide adequate notice; however, the policy was never communicated to me upon hire. Please review.

Previous
Next

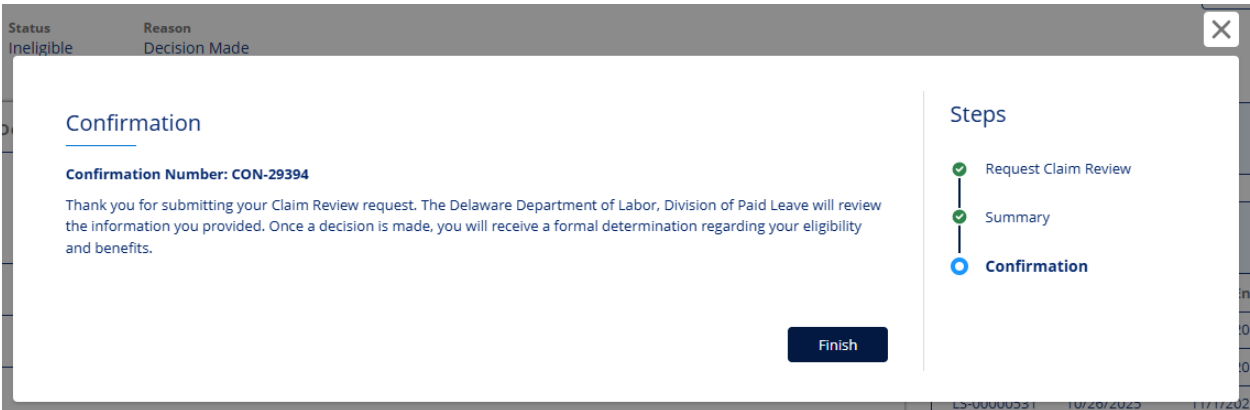
Steps

- Request Claim Review
- Summary**
- Confirmation

Summary Screen

Claimant LaborFirst User Guide

The ‘Confirmation’ screen is displayed upon successful completion of the Request Claim Review Process.



Confirmation Screen