



*Claimant
LaborFirst
User Guide*

LaborFirst Claimant User Guide

Table of Contents

Contents

| | |
|---|----|
| Overview | 3 |
| Create Claimant Account | 5 |
| Claimant Registration..... | 7 |
| General Portal Navigation | 19 |
| Claimant Portal Landing Page | 19 |
| Claimant Portal Home Screen | 20 |
| Request to Update Personal Information | 21 |
| Profile Icon | 27 |
| File a Paid Family Medical Leave Claim | 39 |
| Paid Leave Account Division Screen | 55 |
| Claim Details Screen | 56 |
| Request Claims Review | 57 |

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

* Re-enter Social Security Number

* Date of Birth

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 <input type="text" value="Paul"/> | Middle Name <input type="text"/> |
| * Last Name <input type="text" value="Bishop"/> | Other Last Name <small>(i)</small> <input type="text"/> |
| Suffix <input type="text"/> | Mother's Maiden Name <input type="text"/> |
| * Date of Birth <input type="text" value="10/08/1990"/> | * Sex <input type="text" value="Male"/> |
| SSN <input type="text" value="336-16-6376"/> | Other SSN <small>(i)</small> <input type="text"/> |
| Driver's License or State ID Number <input type="text"/> | Issuing State <input type="text"/> |

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

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

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.

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

* Disabled?
 Yes No Choose not to answer

* Race

* Veteran?
 Yes No Choose not to answer

Steps

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

Previous

Next

Demographic Information

Claimant LaborFirst User Guide

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.

Steps

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

Previous
Next

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

*Address Line 1  444 Main St

*City
Dover

*State/Province
Delaware

*Zip/Postal Code
19901

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

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

Previous Edit 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](#)

Steps

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

Previous

Next

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 <small>(*)</small> | * Bank Account Type |
| <input type="text"/> | <input type="text"/> |
| * Bank Routing Number <small>(*)</small> | * Re-enter Bank Routing Number |
| <input type="text"/> | <input type="text"/> |
| * Bank Account Number <small>(*)</small> | * Re-enter Bank Account Number |
| <input type="text"/> | <input type="text"/> |

YOUR NAME 0001

123 Main Street

Anywhere, USA 00000

PAY TO THE \$

ORDER OF

MEMO 0001

:012345678: | 9999999999 |

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 - Labor First User Guide

Delaware Department of Labor - Confidential and Proprietary

Page 15 of 60

Last

Revised: 11/20/25

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 | Middle Name |
| Steve | |
| Last Name | Other Last Name |
| Logan | |
| Suffix | Mother's Maiden Name |
| | |
| Date of Birth | Gender |
| 02/03/1953 | Male |
| Social Security Number | Other SSN |
| 141-14-1953 | |
| Driver's License or State ID Number | Issuing State |
| | |

Contact Information

| | |
|-----------------------------------|---------------------------|
| Preferred Method of Communication | Email |
| Email | |
| Primary Phone | Email Address |
| (602) 574-7793 | stevelogan@allfremail.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

Previous

Next

Steps

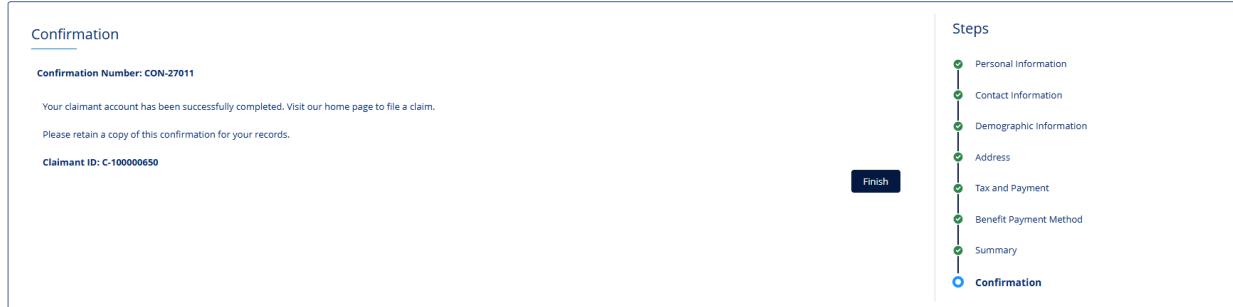
- Personal Information
- Contact Information
- Demographic Information
- Address
- Tax and Payment
- Benefit Payment Method
- Summary**
- Confirmation

Claimant - Labor First User Guide
Delaware Department of Labor - Confidential and Proprietary

Page 17 of 60
Last
Revised: 11/20/25

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'.



The screenshot shows the 'Confirmation' screen of the LaborFirst registration process. On the left, a message states: 'Confirmation Number: CON-27011', 'Your claimant account has been successfully completed. Visit our home page to file a claim.', and 'Please retain a copy of this confirmation for your records.' Below this is the 'Claimant ID: C-100000650'. On the right, a 'Finish' button is visible. To the right of the main content is a vertical 'Steps' list:

- Personal Information (checkmark)
- Contact Information (checkmark)
- Demographic Information (checkmark)
- Address (checkmark)
- Tax and Payment (checkmark)
- Benefit Payment Method (checkmark)
- Summary (checkmark)
- Confirmation (blue circle)

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.



[Go to Home Page](#)



[File Paid Family Medical Leave Claim](#)

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.

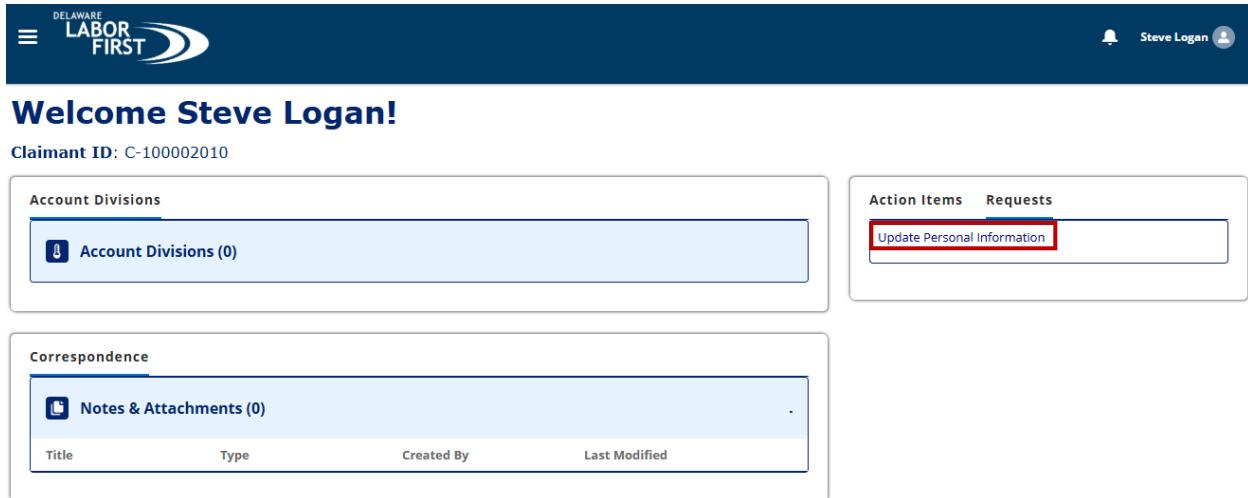
The screenshot shows the Claimant Portal Home Screen. At the top, it says 'Welcome Paul Phillips!' and 'Claimant ID: C-100000665'. Below this, there are three main sections: 'Account Divisions' (with a link to 'Account Divisions (0)' and a 'New' button), 'Action Items' (with a link to 'File for Paid Leave'), and 'Correspondence' (with a link to 'Notes & Attachments (0)' and a file upload area). The 'Correspondence' section also includes a 'Upload Files' button and a placeholder for dropped files.

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.

A screenshot of the Claimant LaborFirst user interface. At the top, there is a dark blue header bar with the "DELAWARE LABOR FIRST" logo on the left and a user profile icon on the right. Below the header, the main content area is white and features several sections: "Account Divisions" (with a sub-section for "Notes & Attachments (0)"), "Correspondence" (with a sub-section for "Notes & Attachments (0)"), and a "Requests" section. The "Update Personal Information" button in the "Requests" section is highlighted with a red box.

Claimant LaborFirst User Guide

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**.

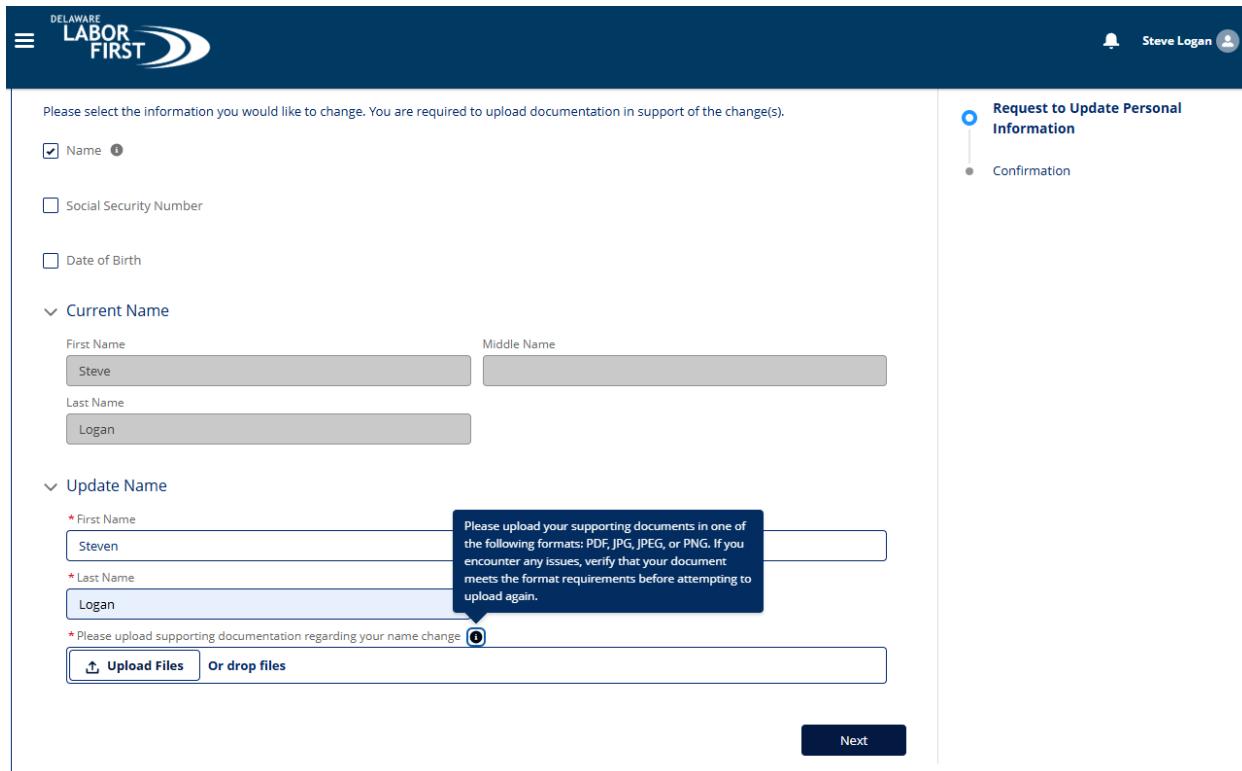


The screenshot shows a user interface for updating personal information. At the top, there is a dark blue header with a menu icon (three horizontal lines) on the left and a user icon (bell and person) on the right. The main content area has a light blue background. On the left, there is a section titled "Request to Update Personal Information" with a sub-instruction: "Please select the information you would like to change. You are required to upload documentation in support of the change(s)." Below this, there are three checkboxes: "Name" (with a small circular icon next to it), "Social Security Number", and "Date of Birth". On the right side, there is a vertical "Steps" column. The first step, "Request to Update Personal Information", is highlighted with a blue circle and a solid line connecting it to the main content. The second step, "Confirmation", is shown with a grey circle and a dashed line. At the bottom right of the main content area is a dark blue "Next" button.

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.)

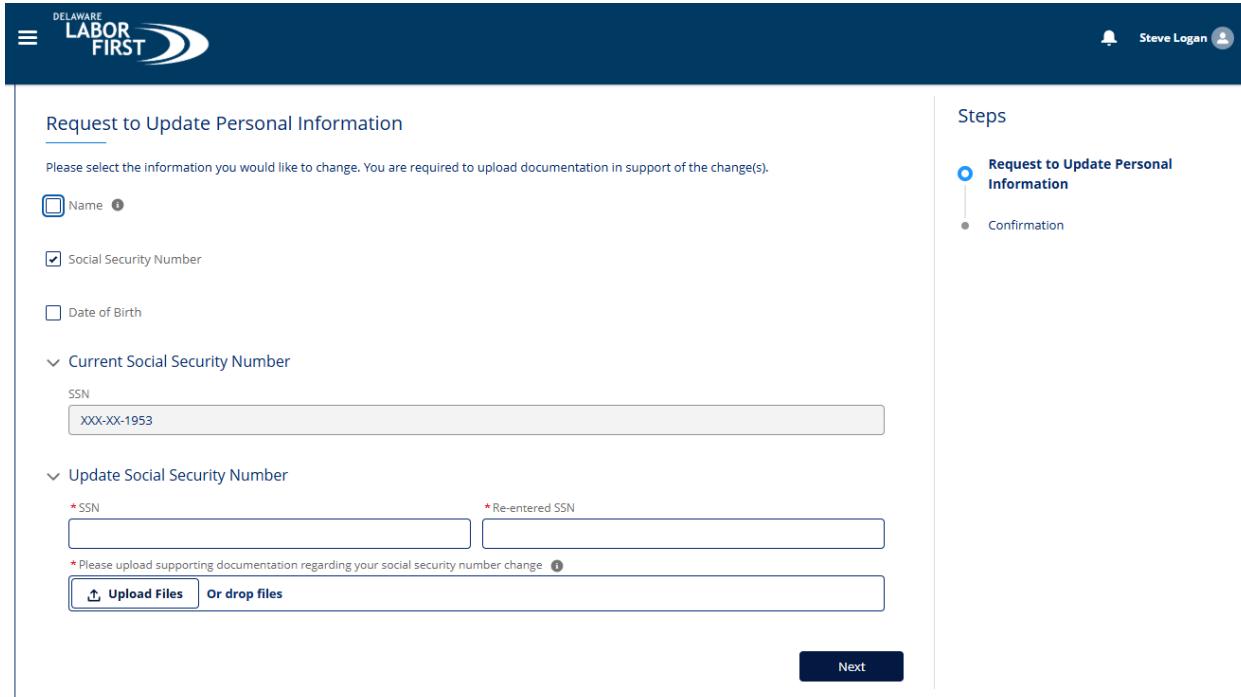


The screenshot shows a web-based application interface for updating personal information. At the top, there is a header with the 'DELAWARE LABOR FIRST' logo and a user profile for 'Steve Logan'. The main content area has a dark blue header bar with the text 'Please select the information you would like to change. You are required to upload documentation in support of the change(s.)'. Below this, there is a list of checkboxes for selecting information to change: 'Name' (checked), 'Social Security Number', and 'Date of Birth'. A section titled 'Current Name' shows the claimant's current name as 'Steve' in the First Name field and 'Logan' in the Last Name field. A section titled 'Update Name' shows the claimant's proposed name as 'Steven' in the First Name field and 'Logan' in the Last Name field. A callout box with a blue arrow points to the 'Last Name' field, containing the instruction: '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.' Below the 'Last Name' field is a note: '*Please upload supporting documentation regarding your name change'. At the bottom of the form are buttons for 'Upload Files' and 'Or drop files', and a 'Next' button.

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.)

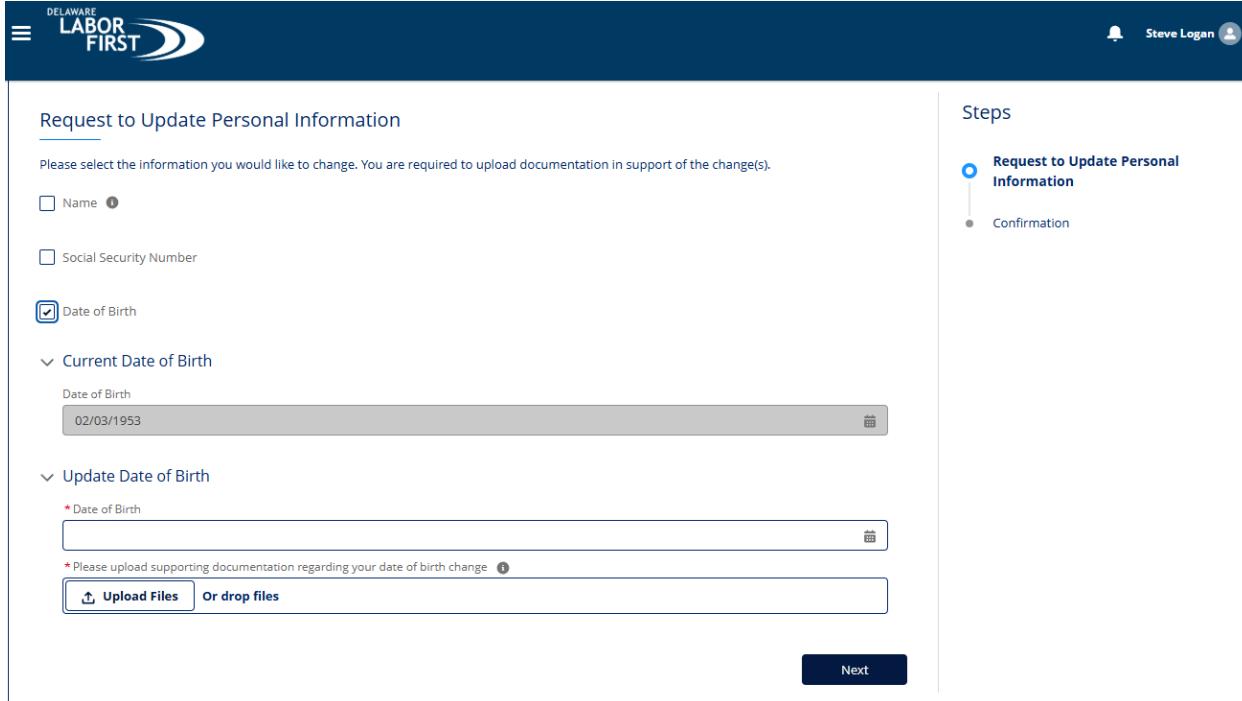


The screenshot shows a user interface for updating personal information. At the top, there is a header with the Delaware Labor First logo and a user profile for "Steve Logan". The main section is titled "Request to Update Personal Information" and contains instructions: "Please select the information you would like to change. You are required to upload documentation in support of the change(s)." Below this, there are three checkboxes: "Name" (unchecked), "Social Security Number" (checked), and "Date of Birth" (unchecked). A section titled "Current Social Security Number" shows a read-only field with the value "XXX-XX-1953". A section titled "Update Social Security Number" contains two input fields for "SSN" and "Re-entered SSN", both marked with a red asterisk indicating they are required. Below these fields is a note: "* Please upload supporting documentation regarding your social security number change." with a help icon. A file upload area with buttons for "Upload Files" and "Or drop files" is shown. A "Next" button is at the bottom right. To the right of the main form, a "Steps" sidebar shows a flowchart with two nodes: "Request to Update Personal Information" (selected) and "Confirmation".

Request to Update Personal Information: Social Security Number

Claimant LaborFirst User Guide

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.)

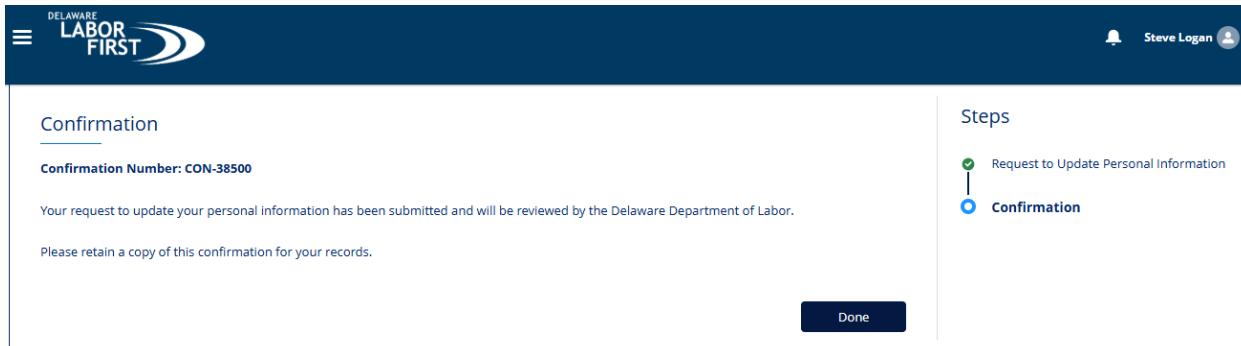


The screenshot shows a user interface for updating personal information. At the top, there is a header with the 'DELAWARE LABOR FIRST' logo and a user profile for 'Steve Logan'. The main content area is titled 'Request to Update Personal Information' and contains a note: 'Please select the information you would like to change. You are required to upload documentation in support of the change(s.)'. There are three checkboxes: 'Name' (unchecked), 'Social Security Number' (unchecked), and 'Date of Birth' (checked). Below these are two sections: 'Current Date of Birth' (showing '02/03/1953') and 'Update Date of Birth' (with a text input field and a note: '* Please upload supporting documentation regarding your date of birth change.'). A file upload area with 'Upload Files' and 'Or drop files' buttons is also present. On the right, a 'Steps' sidebar shows a flowchart with 'Request to Update Personal Information' (highlighted with a blue circle) and 'Confirmation' (a grey dot). A 'Next' button is located at the bottom right of the main form area.

Request to Update Personal Information: Date of Birth

Claimant LaborFirst User Guide

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.

A screenshot of a web application interface. At the top, there is a dark blue header bar with the "DELAWARE LABOR FIRST" logo on the left and a user profile icon with the name "Steve Logan" on the right. The main content area has a white background. On the left, there is a sidebar with the title "Confirmation" and a sub-section titled "Confirmation Number: CON-38500". Below this, there is a message: "Your request to update your personal information has been submitted and will be reviewed by the Delaware Department of Labor." and a note: "Please retain a copy of this confirmation for your records." At the bottom of this sidebar is a dark blue "Done" button. On the right, there is a vertical sidebar titled "Steps" with two items: "Request to Update Personal Information" (marked with a green checkmark) and "Confirmation" (marked with a blue circle).

Confirmation

Confirmation Number: CON-38500

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.

Done

Steps

Request to Update Personal Information

Confirmation

Confirmation Screen

Claimant LaborFirst User Guide

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.



[Go to Home Page](#)



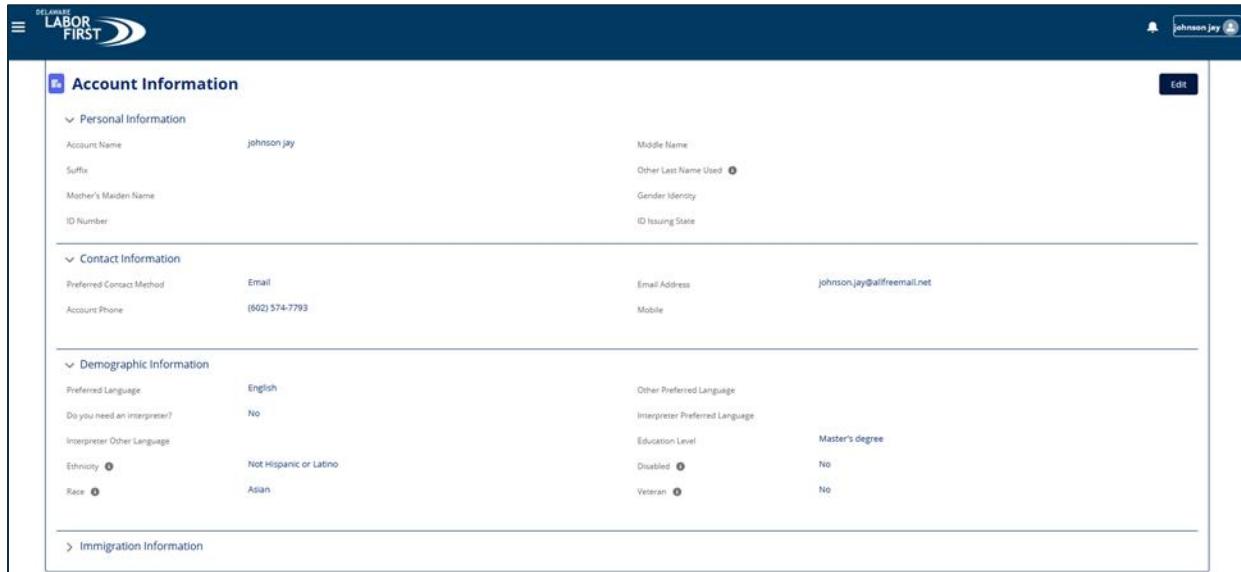
[File Paid Family Medical Leave Claim](#)

Profile Icon

Claimant LaborFirst User Guide

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 | (860) 574-7793 | Mobile | |

Demographic Information

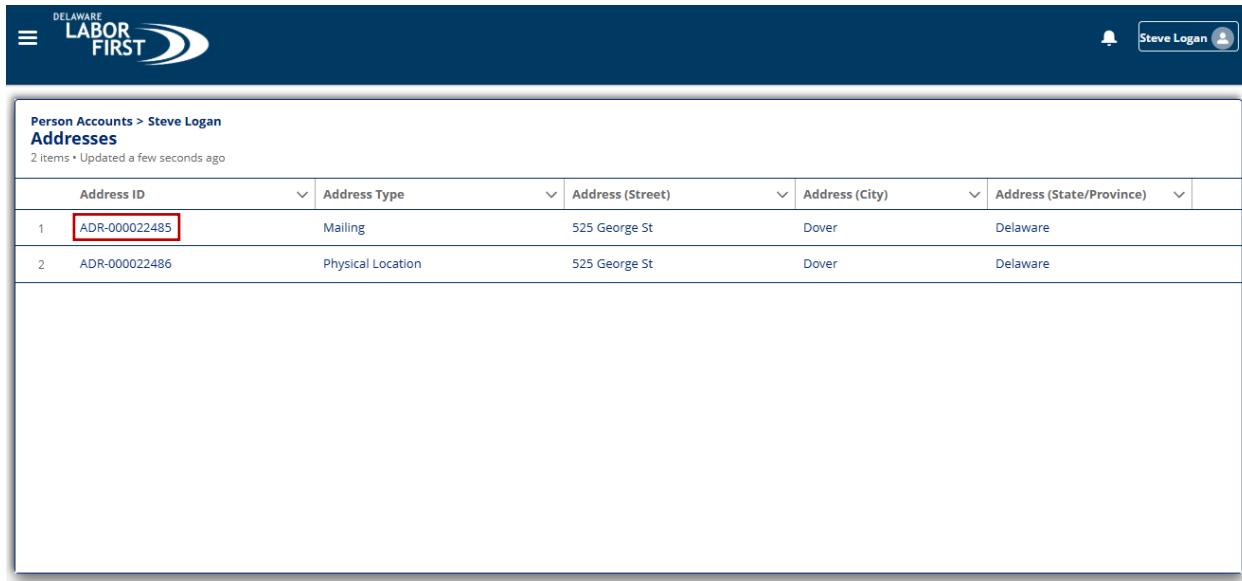
| | | | |
|-----------------------------|------------------------|--------------------------------|-----------------|
| Preferred Language | English | Other Preferred Language | |
| Do you need an interpreter? | No | Interpreter Preferred Language | |
| Interpreter Other Language | | Education Level | Master's degree |
| Ethnicity | Not Hispanic or Latino | Disabled | No |
| Race | Asian | Veteran | No |

Immigration Information

Account Information Screen

Claimant LaborFirst User Guide

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.

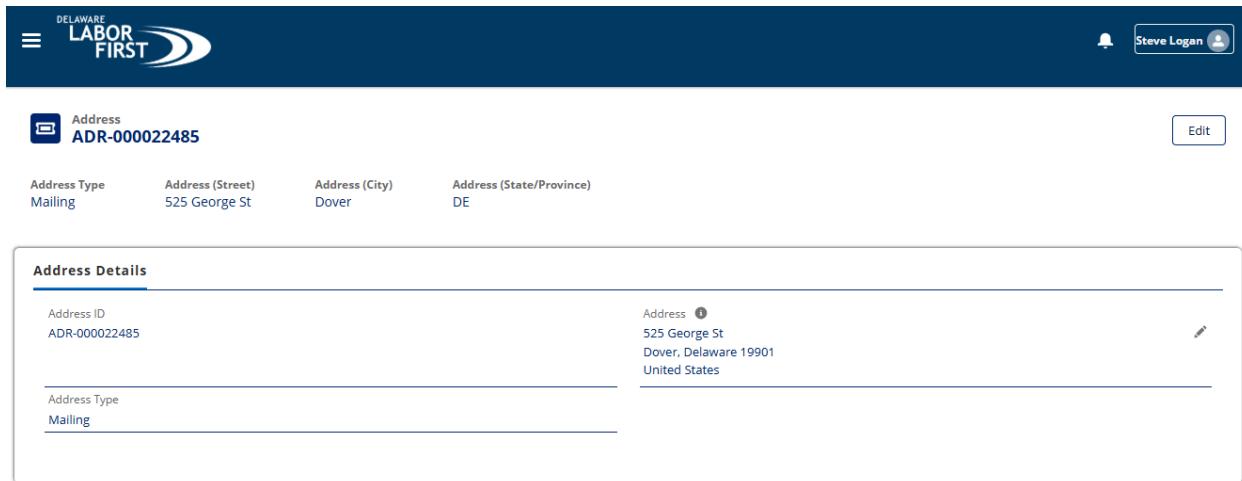


| | Address ID | Address Type | Address (Street) | Address (City) | Address (State/Province) |
|---|---------------|-------------------|------------------|----------------|--------------------------|
| 1 | ADR-000022485 | Mailing | 525 George St | Dover | Delaware |
| 2 | ADR-000022486 | Physical Location | 525 George St | Dover | Delaware |

Addresses Screen

Claimant LaborFirst User Guide

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



Address ADR-000022485

Address Type Mailing Address (Street) 525 George St Address (City) Dover Address (State/Province) DE

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: 525 George St, Dover, Delaware 19901, United States

Address Type: Mailing

Address (Street): 725 George St

Address (City): Dover

Address (State/Province): Delaware

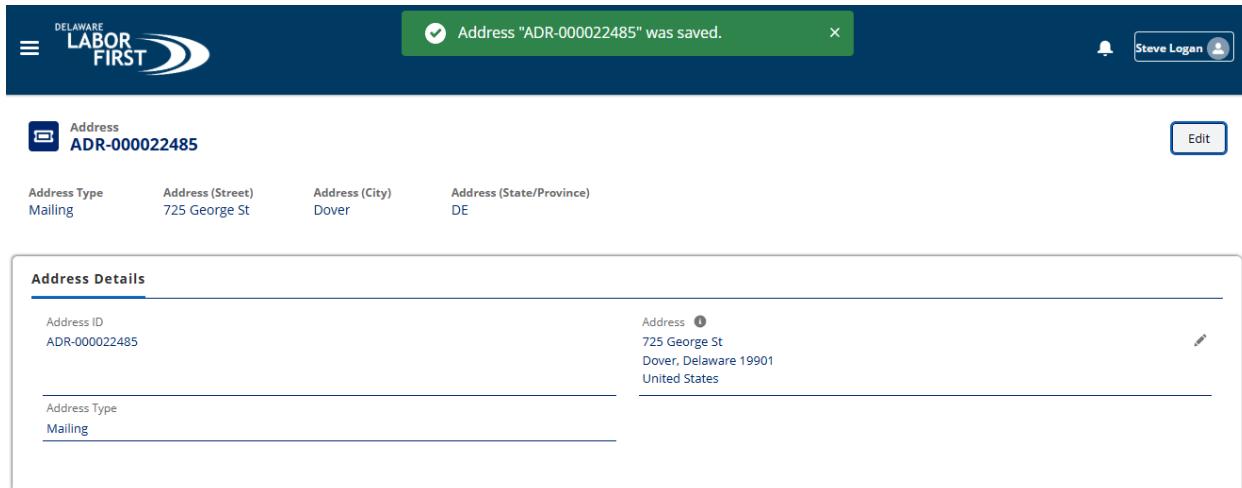
Address (ZIP/Postal Code): 19901

Address Type: Mailing

Buttons: Cancel, Save & New, Save

Claimant LaborFirst User Guide

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

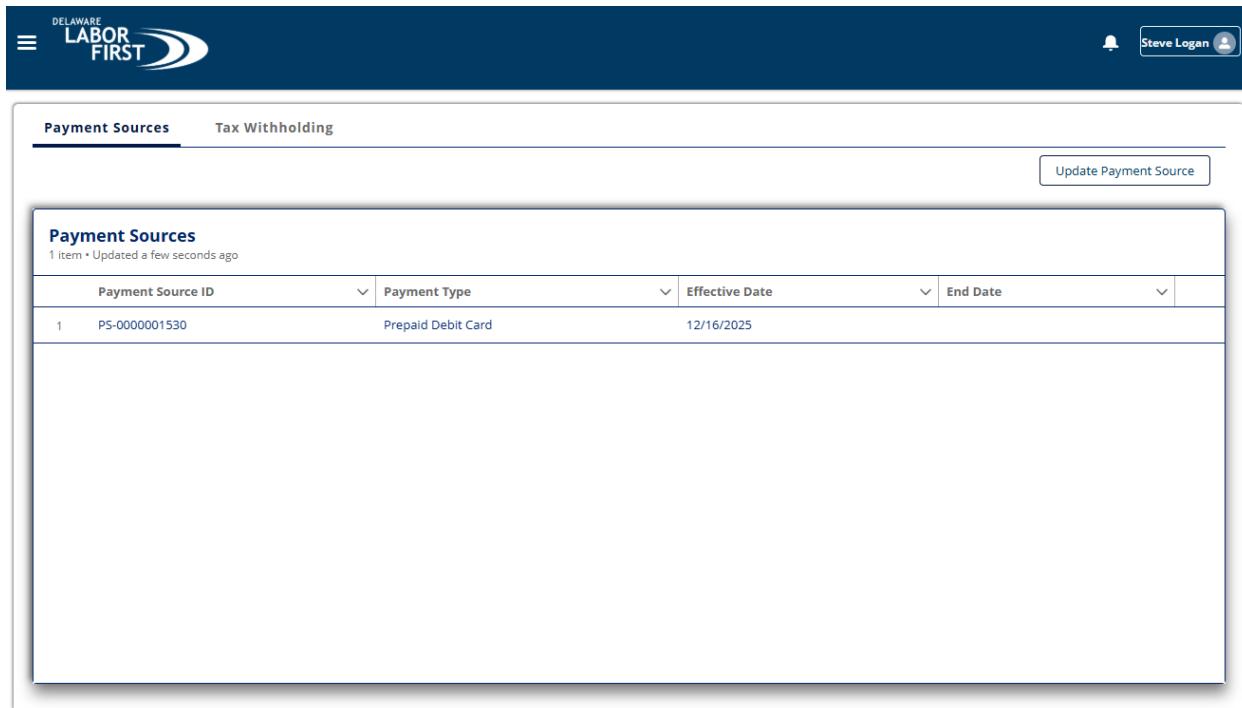


The screenshot shows a user interface for managing addresses. At the top, there is a green success message box containing the text "Address 'ADR-000022485' was saved." Below this, the main content area displays an address record. The record includes fields for Address ID (ADR-000022485), Address Type (Mailing), Address (Street) (725 George St), Address (City) (Dover), Address (State/Province) (DE), and a detailed Address Details section. The Address Details section shows the full address (725 George St, Dover, Delaware 19901, United States) and includes a "Edit" button. The entire page has a dark blue header and a light gray footer.

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.



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

Payment Sources / Tax Withholding Screen

Claimant LaborFirst User Guide

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



| | |
|------------------------------------|------------------------------|
| Account Division | Account |
| Payment Source ID PS-0000001530 | Steve Logan |
| Payment Type Prepaid Debit Card | Effective Date 12/16/2025 |
| End Date | |
| ▼ Direct Deposit Information | |
| Bank Routing Number | Bank Account Number |
| Financial Institution Name | Bank Account Type |

Payment Source Details Screen



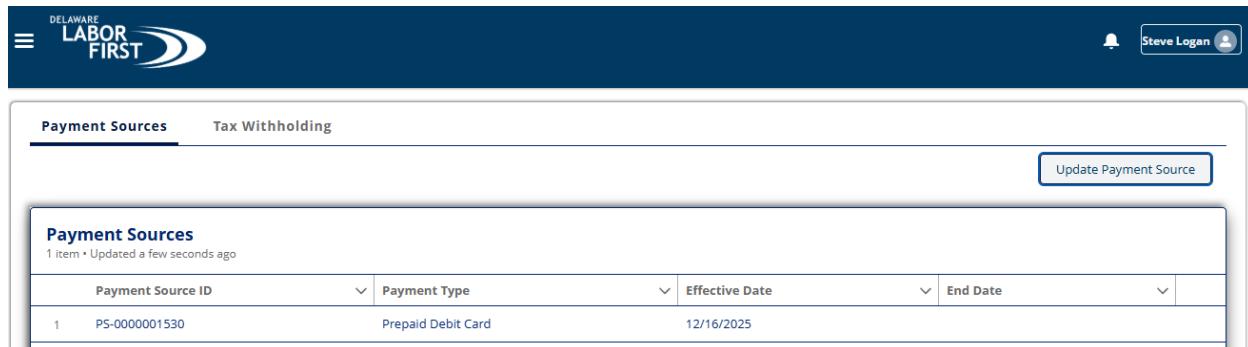
 Tax Withholding
TWH-0000001215

| | |
|---|--|
| DETAILS | RELATED |
| Name TWH-0000001215 | Owner  Steve Logan  |
| Withhold Federal Tax  No  | |

Tax Withholding Details Screen

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.

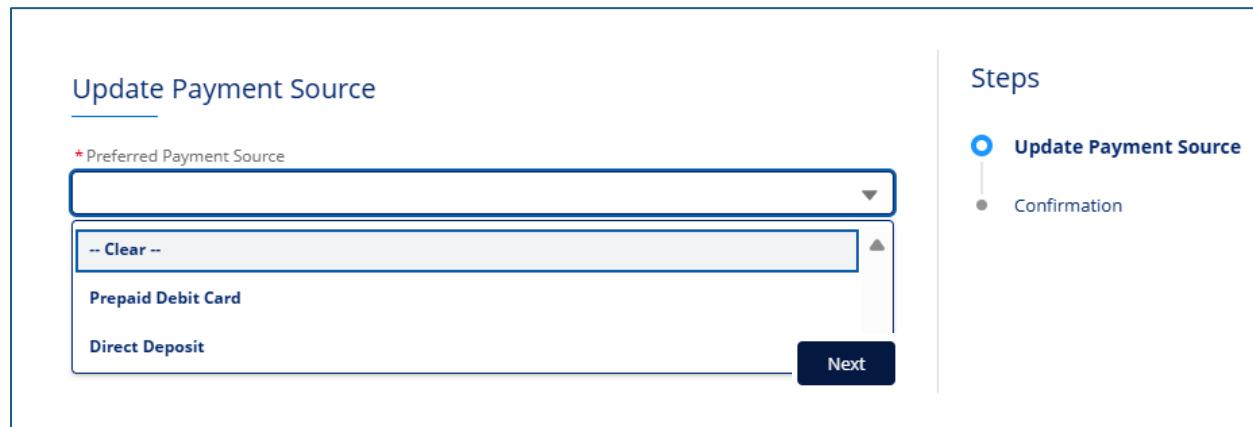


Payment Sources
1 item • Updated a few seconds ago

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

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

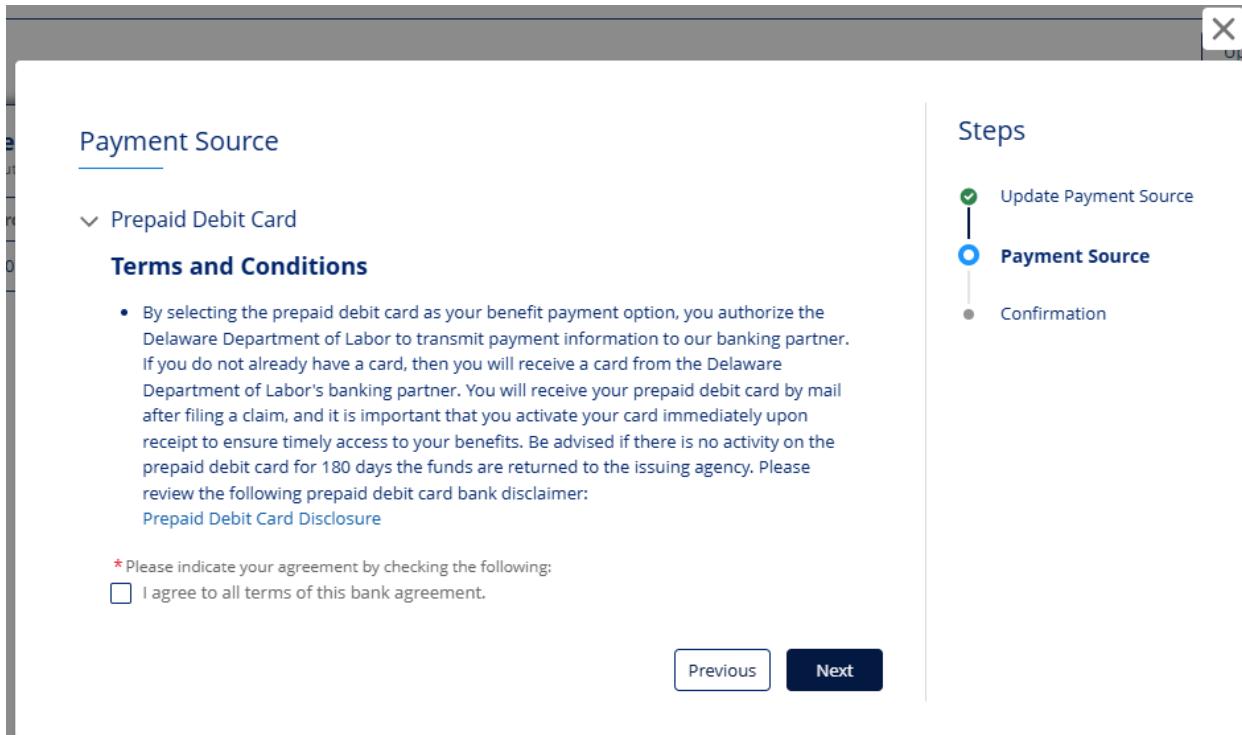
- Update Payment Source
- Confirmation

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.

Steps

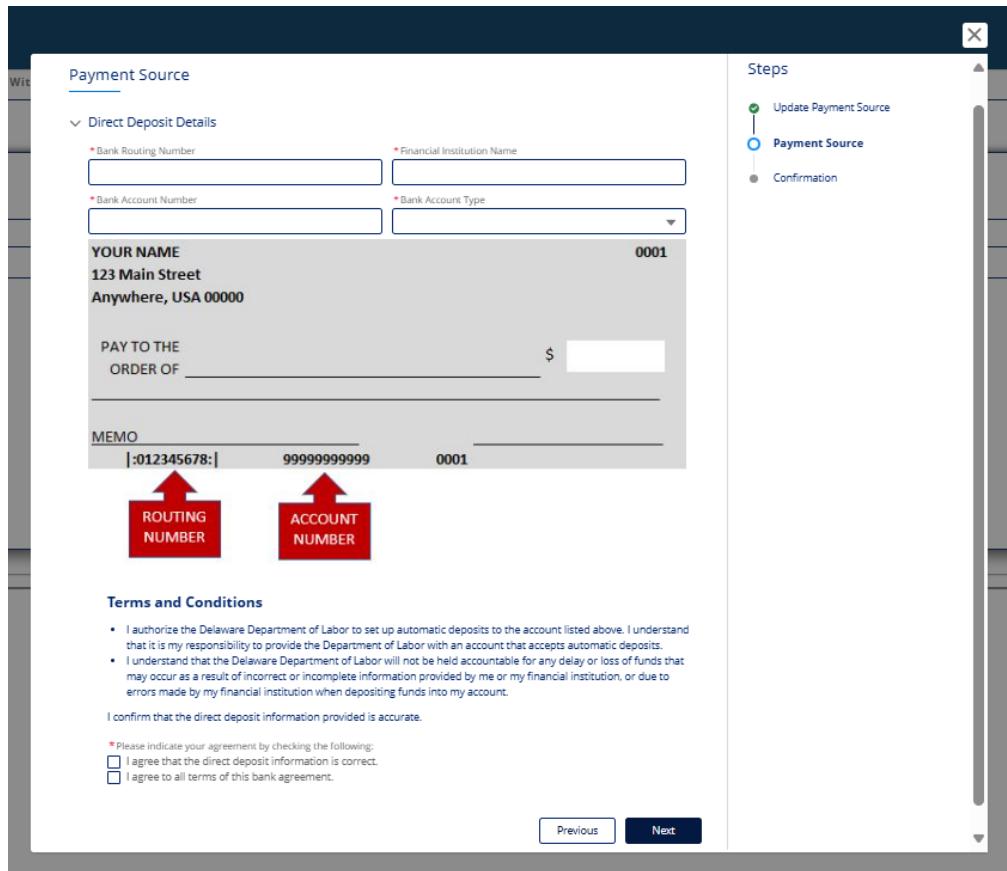
- Update Payment Source
- Payment Source**
- Confirmation

Previous Next

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
123 Main Street
Anywhere, USA 00000 0001

PAY TO THE ORDER OF \$

MEMO 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:

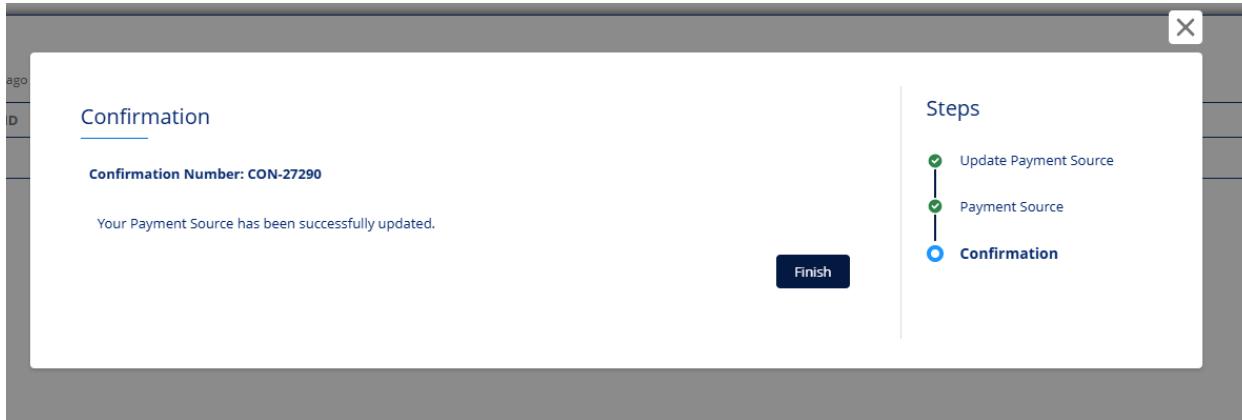
I agree that the direct deposit information is correct.
 I agree to all terms of this bank agreement.

Previous Next

Update Payment Source Window: Direct Deposit

Claimant LaborFirst User Guide

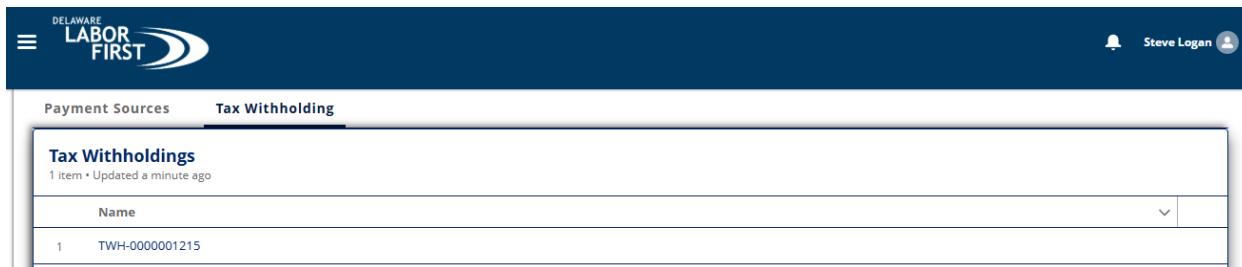
The 'Confirmation' screen is displayed upon successfully updating the payment source information. Select 'Finish' to close the window.



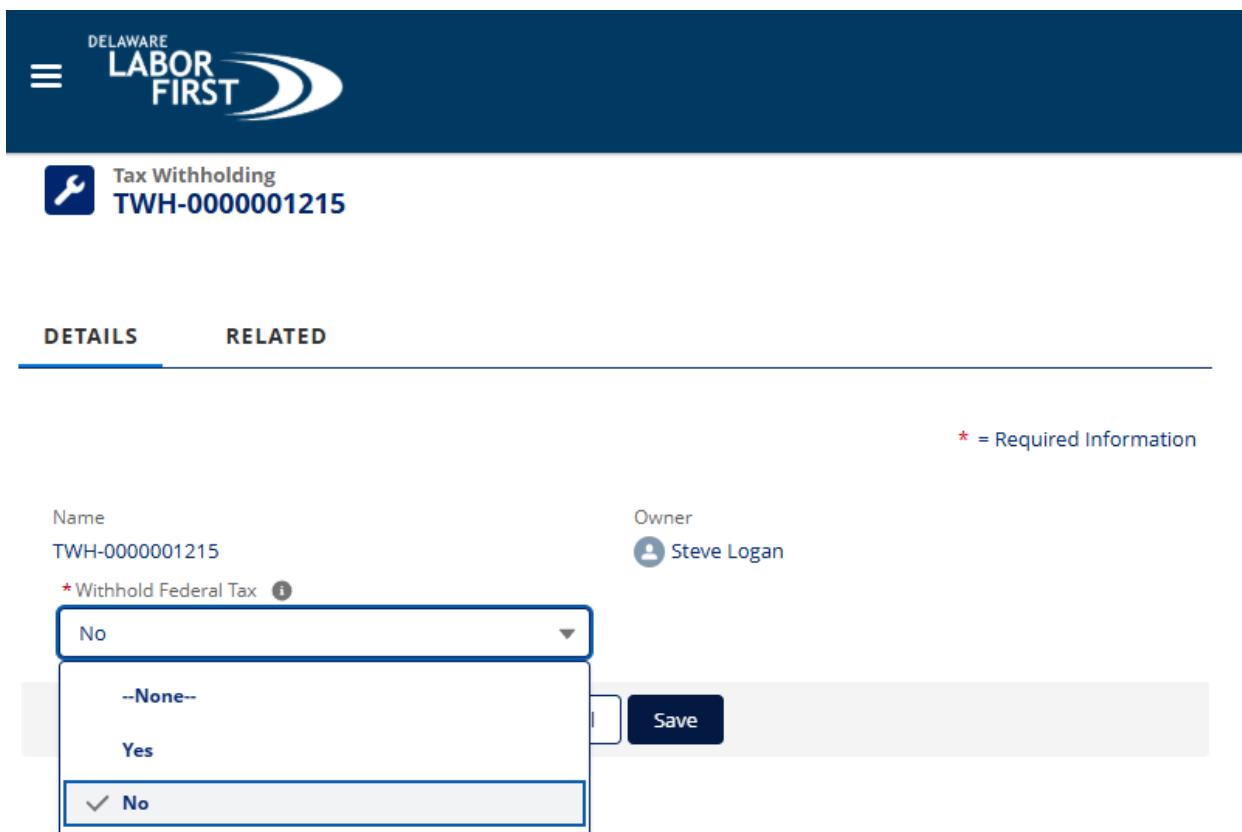
Update Payment Source Window: Confirmation Screen

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.

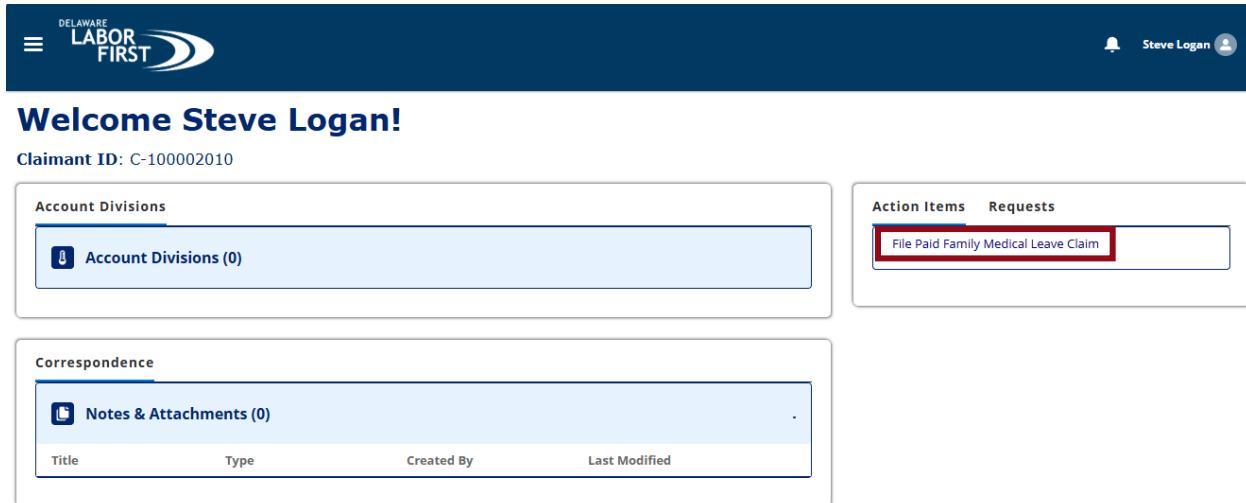


New Tax Withholding Window

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'.



Welcome Steve Logan!

Claimant ID: C-100002010

Account Divisions

Account Divisions (0)

Action Items Requests

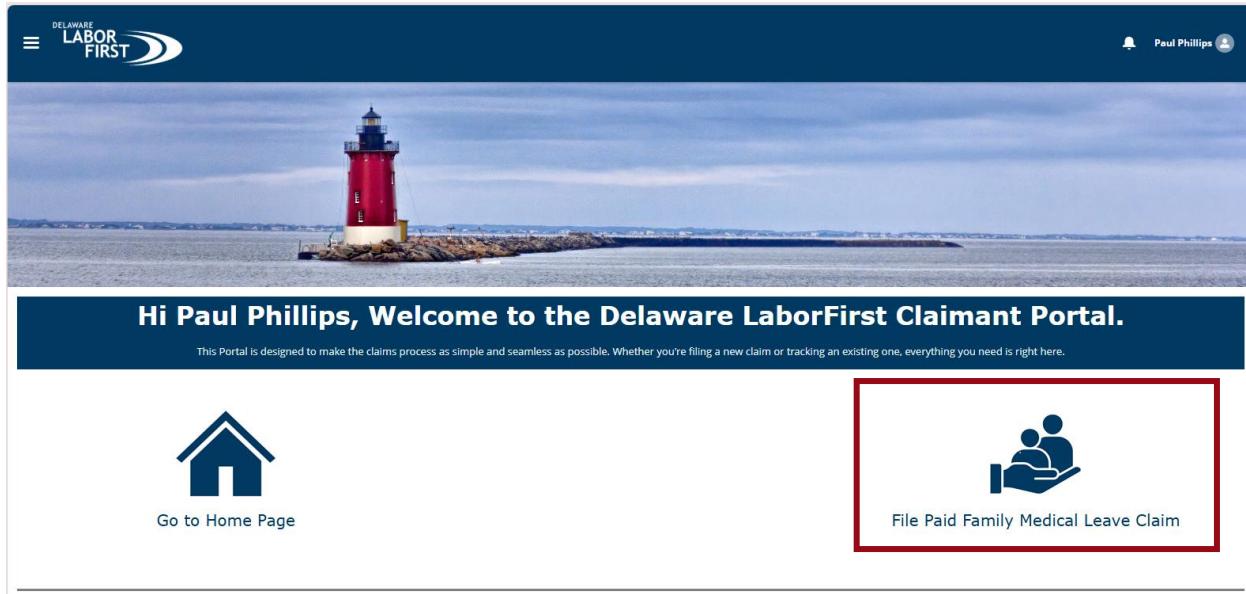
File Paid Family Medical Leave Claim

Correspondence

Notes & Attachments (0)

Title Type Created By Last Modified

File Paid Family Medical Leave Claim Action Item



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

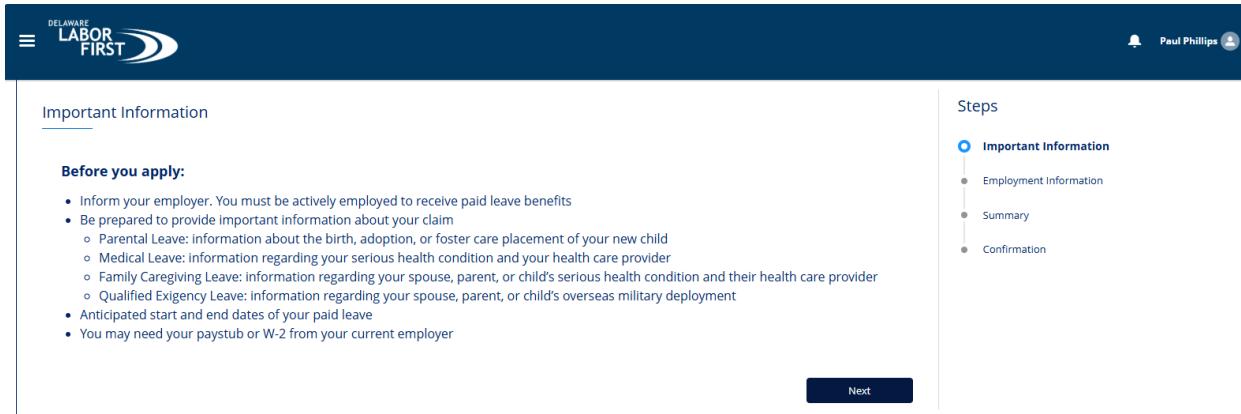
File Paid Family Medical Leave Claim Quick Link

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**.



The screenshot shows the 'Important Information' screen. At the top, there is a header with the Delaware Labor First logo and a user profile for 'Paul Phillips'. On the left, a sidebar titled 'Important Information' contains a list of 'Before you apply' steps. On the right, a 'Steps' progress bar shows the current step is 'Important Information' (indicated by a blue circle), followed by 'Employment Information', 'Summary', and 'Confirmation'.

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

Steps

- Important Information
- Employment Information
- Summary
- Confirmation

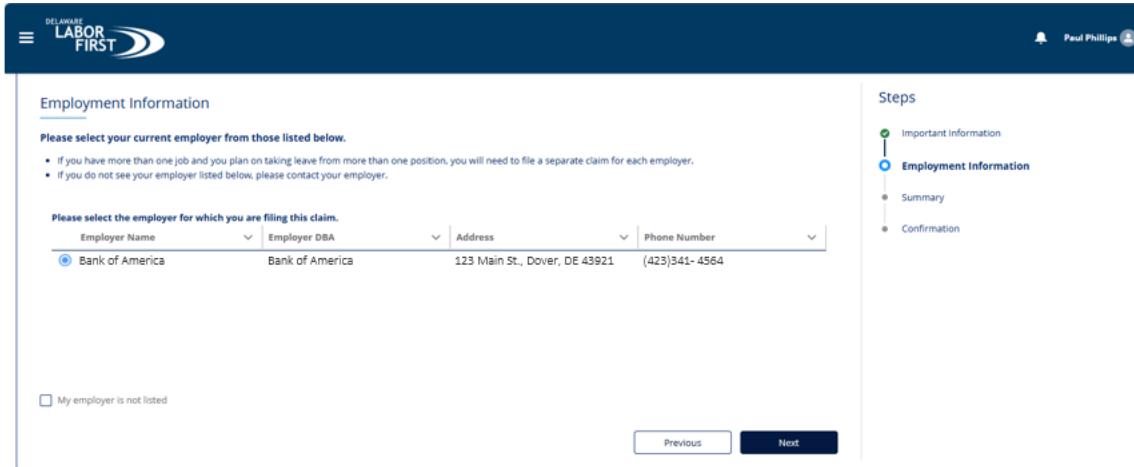
Next

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**.



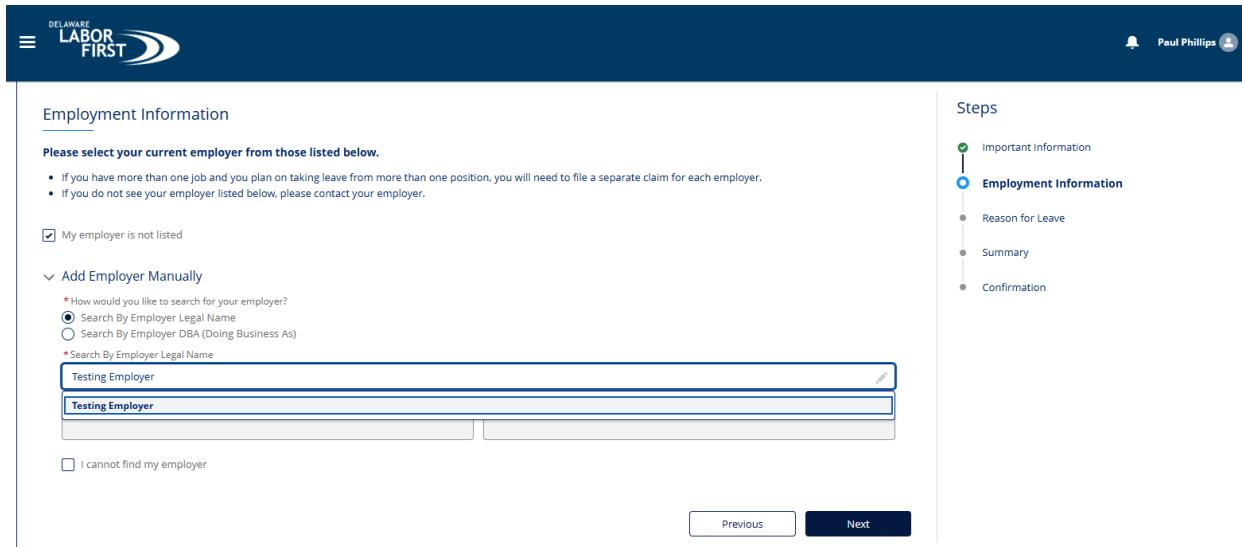
The screenshot shows the 'Employment Information' screen. At the top, there is a header with the Delaware Labor First logo and a user profile for 'Paul Phillips'. The main content area is titled 'Employment Information' and contains a sub-instruction: 'Please select your current employer from those listed below.' Below this, there is a list of employers with their details: Employer Name (Bank of America), Employer DBA (Bank of America), Address (123 Main St., Dover, DE 43921), and Phone Number ((423)341-4564). A radio button next to 'Bank of America' is selected. At the bottom of the list is a checkbox for 'My employer is not listed'. On the right side, a 'Steps' sidebar shows a flowchart with 'Important Information' (green dot), 'Employment Information' (blue dot, currently selected), 'Summary' (grey dot), and 'Confirmation' (grey dot). At the bottom right of the main area are 'Previous' and 'Next' buttons.

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**.



The screenshot shows the 'Employment Information' screen. At the top, there is a header with the 'DELAWARE LABOR FIRST' logo and a user profile for 'Paul Phillips'. The main content area is titled 'Employment Information' and contains the following sections:

- Please select your current employer from those listed below.**
- Important Information:** 'My employer is not listed' (checkbox checked).
- Reason for Leave:** 'Add Employer Manually' (checkbox checked).
- Search Methods:** 'Search By Employer Legal Name' (radio button selected), 'Search By Employer DBA (Doing Business As)', and 'Search By Employer Legal Name' (disabled).
- Search Bar:** A text input field with 'Testing Employer' typed into it, with a magnifying glass icon.
- Confirmation:** 'I cannot find my employer' (checkbox).

At the bottom, there are 'Previous' and 'Next' buttons. A 'Steps' sidebar on the right shows the current step: 'Employment Information' (highlighted with a blue circle).

Employment Information Screen: Search for Employer

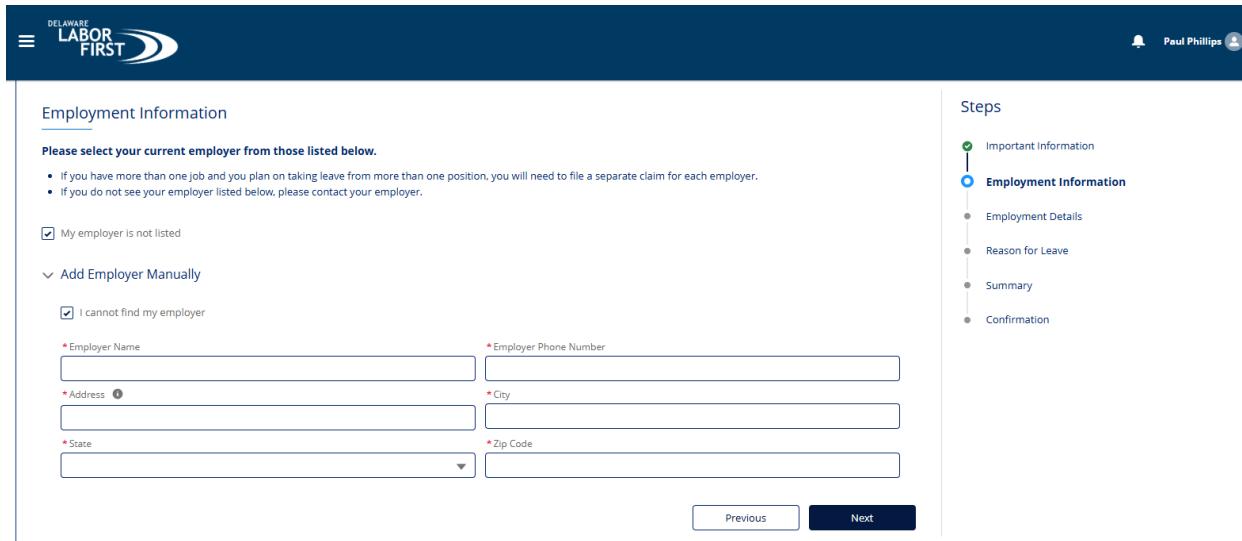
Claimant LaborFirst User Guide

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**.



The screenshot shows the 'Employment Information' screen. At the top, there is a header with the 'DELAWARE LABOR FIRST' logo and a user profile for 'Paul Phillips'. Below the header, the title 'Employment Information' is displayed. A note says 'Please select your current employer from those listed below.' with two bullet points: '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.' and 'If you do not see your employer listed below, please contact your employer.' There are two checkboxes: one for 'My employer is not listed' (which is checked) and one for 'I cannot find my employer' (which is also checked). Below these are input fields for 'Employer Name', 'Employer Phone Number', 'Address' (with a note icon), 'City', 'State', and 'Zip Code'. At the bottom right are 'Previous' and 'Next' buttons. To the right of the main form, a 'Steps' sidebar shows a 6-step process: 'Important Information' (green dot), 'Employment Information' (blue dot, currently selected), 'Employment Details' (grey dot), 'Reason for Leave' (grey dot), 'Summary' (grey dot), and 'Confirmation' (grey dot).

Employment Information Screen: Manual Entry

Claimant LaborFirst User Guide

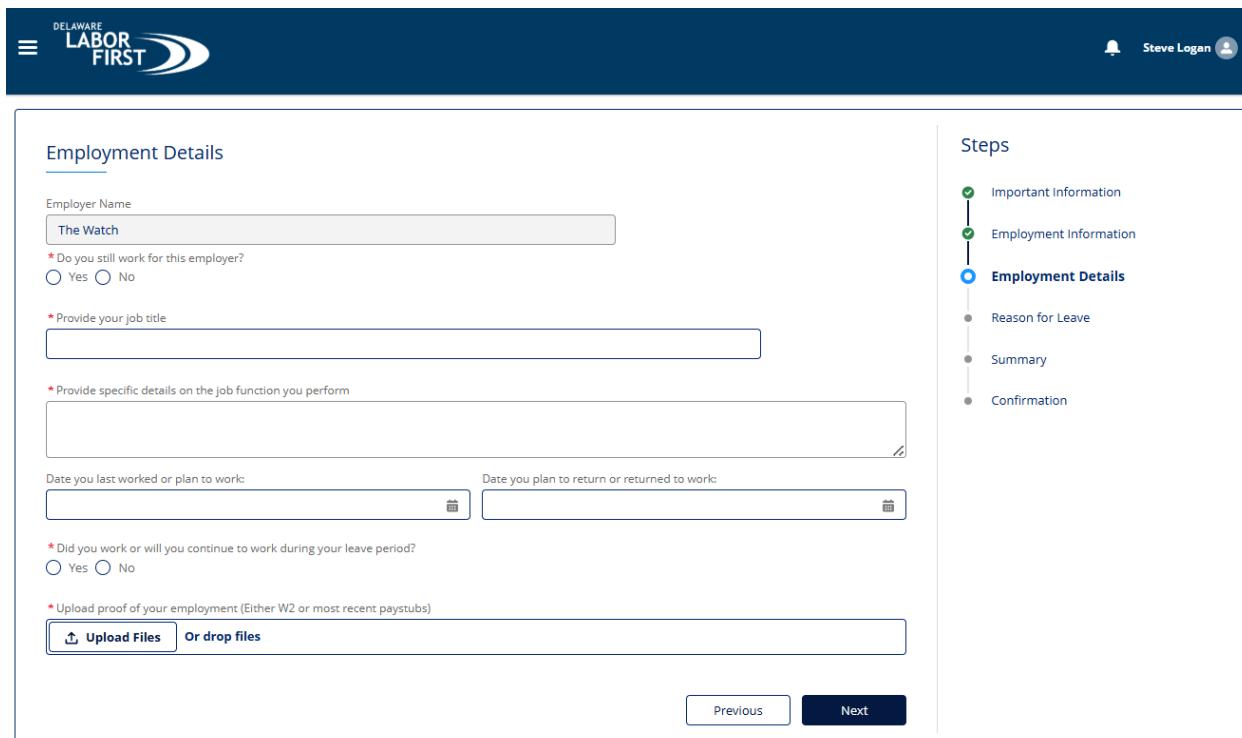
The 'Employment Details' screen allows the claimant to provide employment details, specifically: employment status, job title, job duties, and proof of employment.

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**.



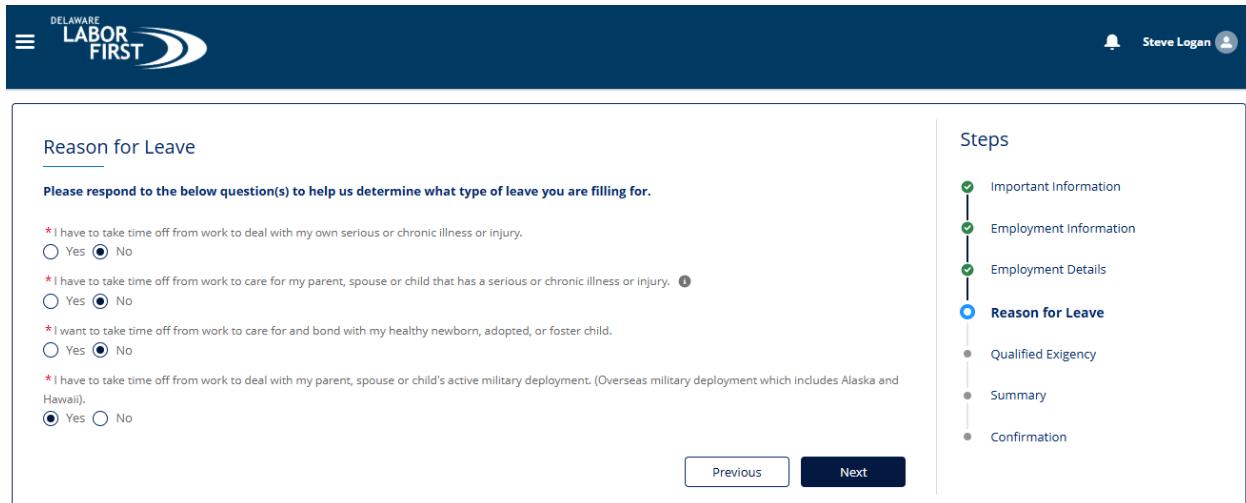
The screenshot shows the 'Employment Details' screen. The left panel contains form fields: 'Employer Name' (input: 'The Watch'), 'Job Title' (input: empty), 'Job Function' (input: empty), 'Work Dates' (input: empty), and 'Proof of Employment' (input: 'Upload Files' or 'Or drop files'). The right panel, titled 'Steps', shows a vertical list with 'Employment Details' highlighted in blue, indicating it is the current step.

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**.



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

Steps

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

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

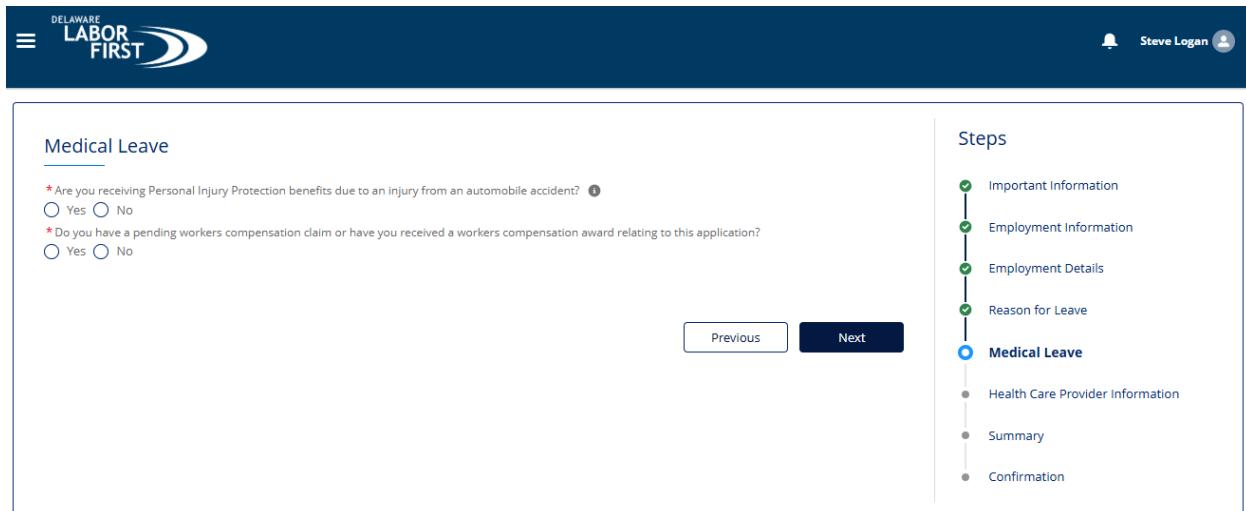
Reason for Leave Screen

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

* Are you receiving Personal Injury Protection benefits due to an injury from an automobile accident? Yes No

* Do you have a pending workers compensation claim or have you received a workers compensation award relating to this application? Yes No

Previous Next

Steps

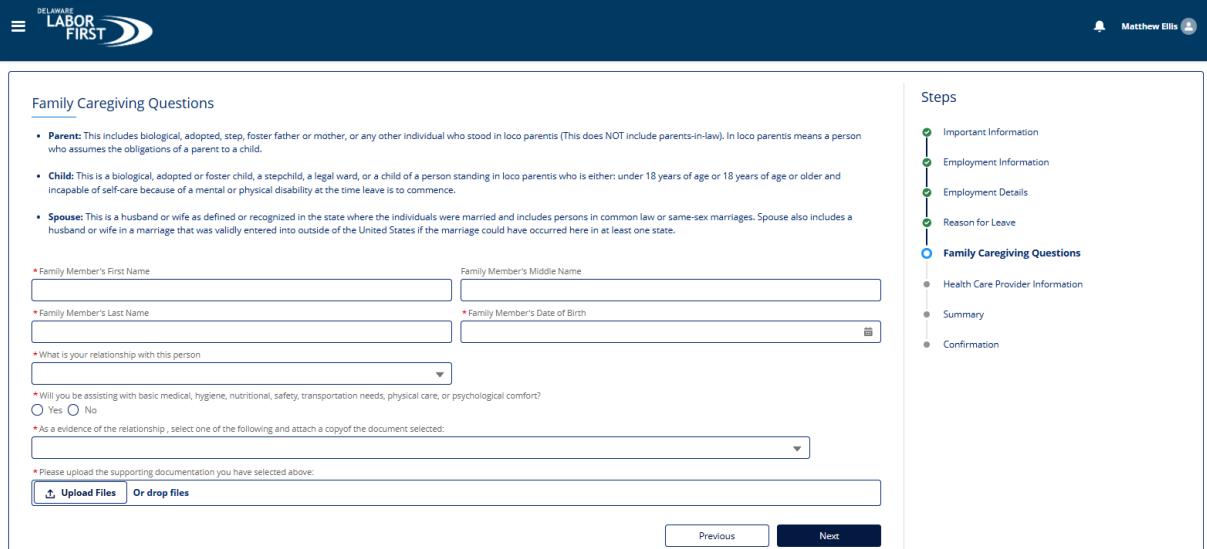
- Important Information
- Employment Information
- Employment Details
- Reason for Leave
- Medical Leave**
- Health Care Provider Information
- Summary
- Confirmation

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**.



The screenshot shows the 'Family Caregiving Questions' section of the LaborFirst application. The left panel contains a list of questions and input fields. The right panel shows a vertical navigation menu titled 'Steps' with various options.

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.

Form fields include:

- 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 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

Steps

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

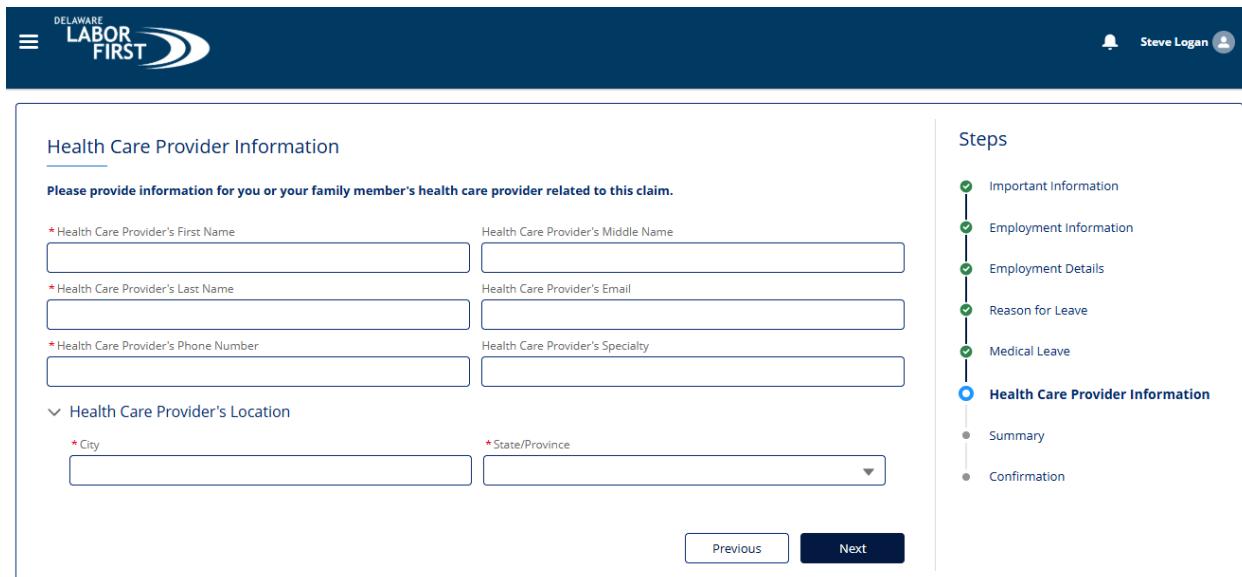
Buttons: Previous, Next

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**.



Health Care Provider Information

Please provide information for you or your family member's health care provider related to this claim.

* Health Care Provider's First Name Health Care Provider's Middle Name

* Health Care Provider's Last Name Health Care Provider's Email

* Health Care Provider's Phone Number Health Care Provider's Specialty

▼ Health Care Provider's Location

* City * State/Province

Steps

- Important Information
- Employment Information
- Employment Details
- Reason for Leave
- Medical Leave
- Health Care Provider Information**
- Summary
- Confirmation

Previous

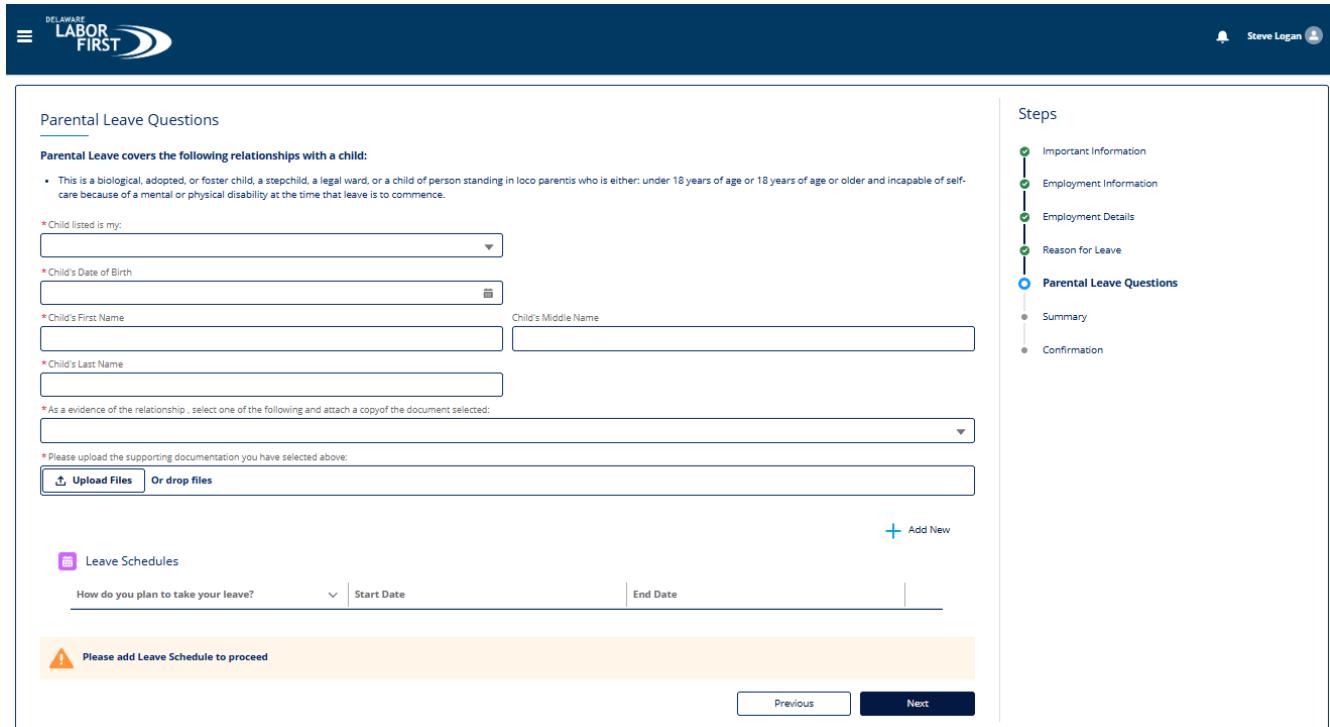
Health Care Provider Information Screen

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**.



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:

Or drop files

Leave Schedules

How do you plan to take your leave? Start Date End Date

Steps

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

Warning: Please add Leave Schedule to proceed

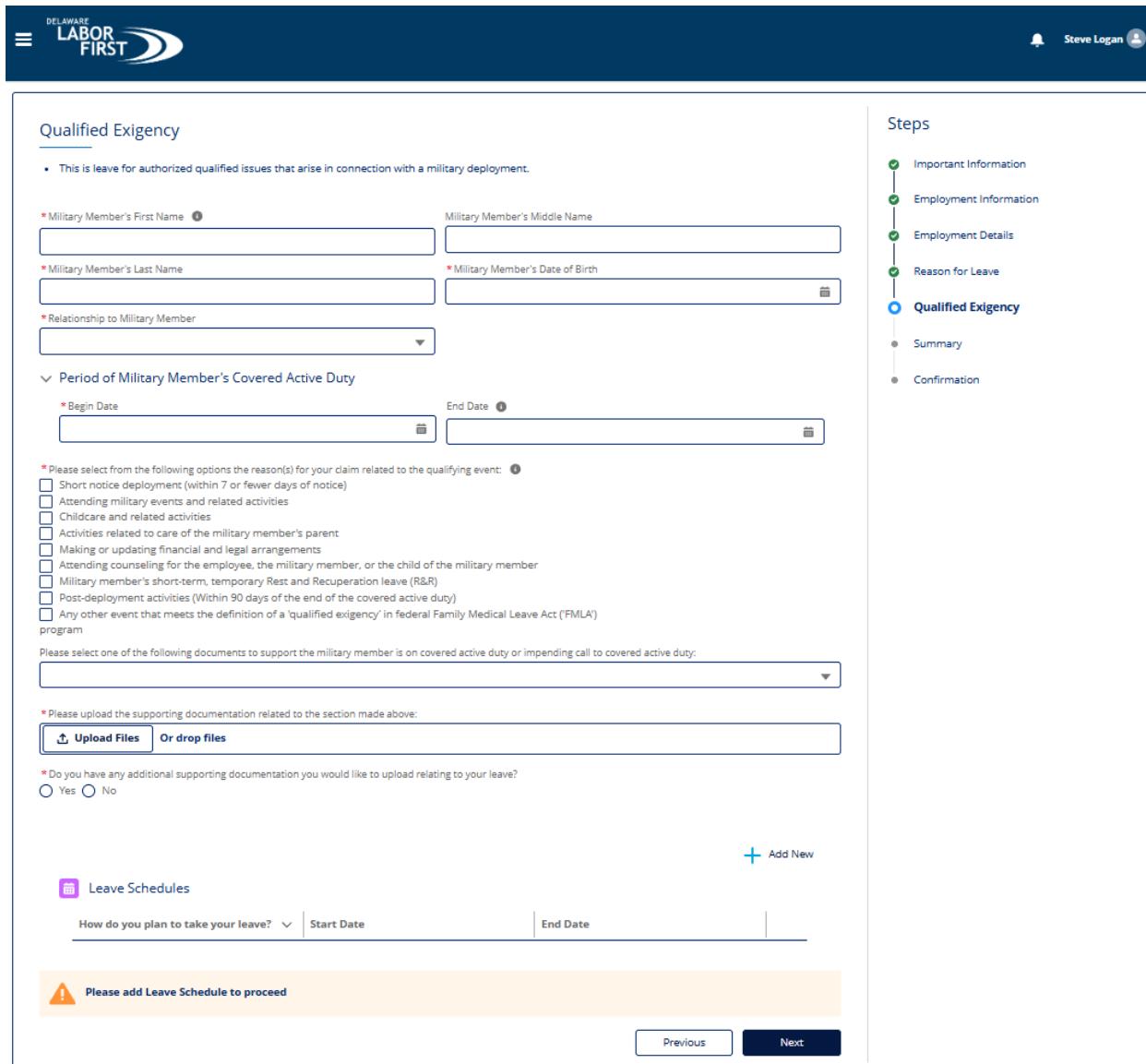
Parental Leave Screens

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**.



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:
 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?

+ Add New

⚠ Please add Leave Schedule to proceed

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.

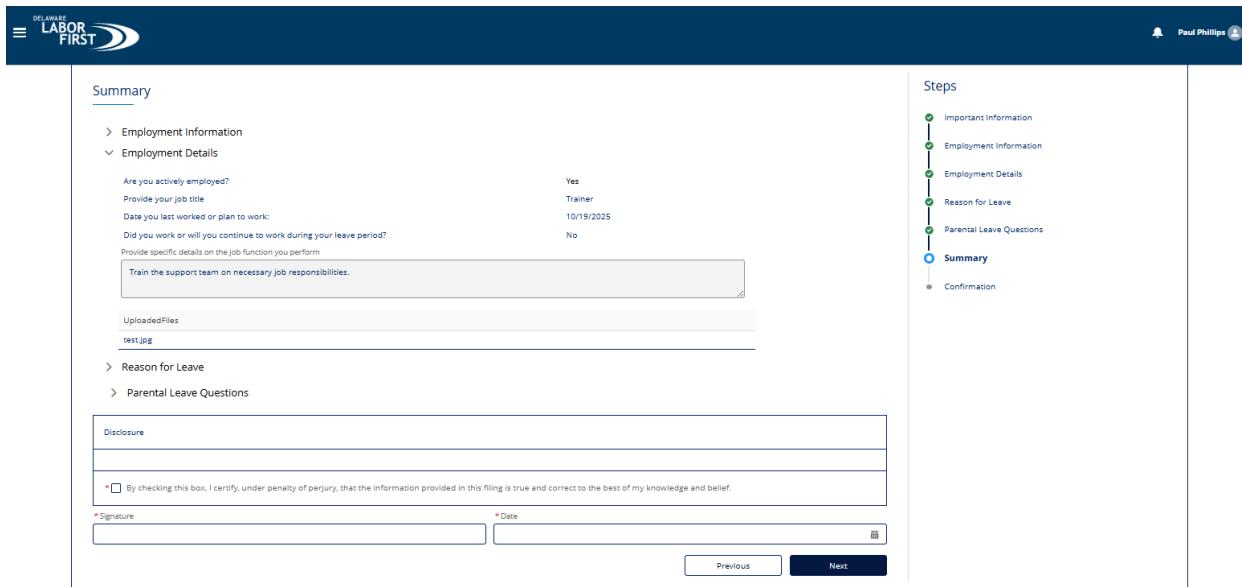
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------------|--------|---------|-----------|----------|--------|----------|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Continuous Leave | | | | | | |
| 16 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 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

Confirmation Number : CON-27506

Your claim has been submitted to the Delaware Department of Labor on 10/14/2025. You will be notified once your claim is reviewed. Please retain a copy of this claim confirmation for your records. Your Delaware Department of Labor Paid Leave Claim ID is CLM-00000112.

Finish

Steps

Confirmation

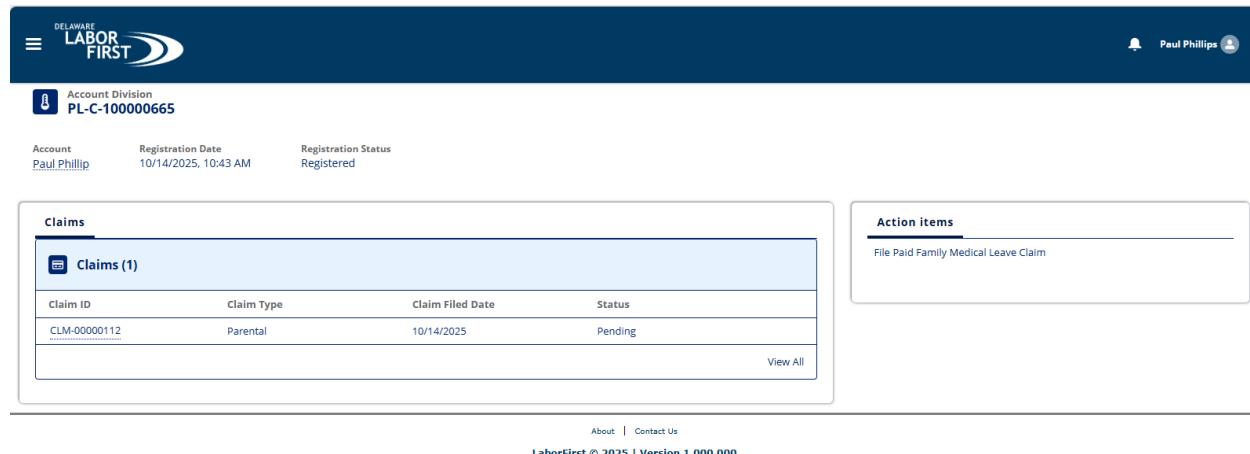
Confirmation Screen

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.



The screenshot shows the 'Paid Leave Account Division' screen. At the top, there is a header with the 'DELAWARE LABOR FIRST' logo, a user profile for 'Paul Phillips', and a notification bell. Below the header, the 'Account Division' section displays the account number 'PL-C-100000665'. The main content area is divided into two sections: 'Claims' and 'Action items'.

Claims: This section shows a table with one claim entry. The columns are 'Claim ID', 'Claim Type', 'Claim Filed Date', and 'Status'. The data is as follows:

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

[View All](#)

Action items: This section contains a single item: 'File Paid Family Medical Leave Claim'.

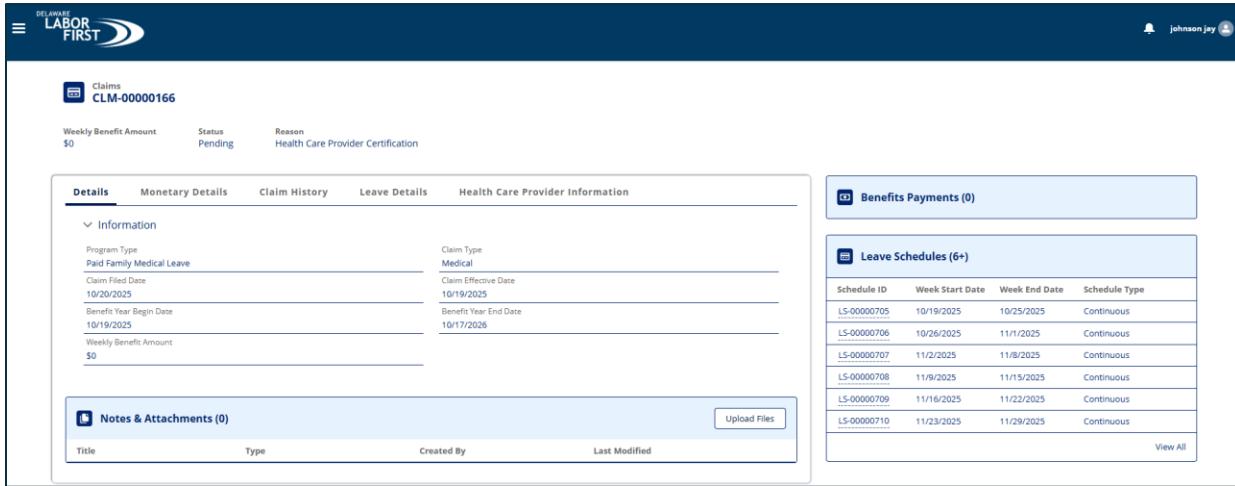
At the bottom of the screen, there are links for 'About' and 'Contact Us', and a footer note: 'LaborFirst © 2025 | Version 1.000.000'.

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.



The screenshot shows the 'Claim Details Screen' for a claim with ID CLM-00000166. The top navigation bar includes the 'DELWARE LABOR FIRST' logo, a user profile for 'johnson jay', and a bell icon. The main content area is divided into several sections:

- Header:** Shows 'Claims' and 'CLM-00000166'.
- Top Row:** 'Weekly Benefit Amount' (\$0), 'Status' (Pending), and 'Reason' (Health Care Provider Certification).
- Details Tab:** Contains sections for 'Information' (Program Type: Paid Family Medical Leave, Claim Filed Date: 10/20/2025, Benefit Year Begin Date: 10/19/2025, Weekly Benefit Amount: \$0), 'Monetary Details' (Claim Type: Medical, Claim Effective Date: 10/19/2025, Benefit Year End Date: 10/17/2026), and a 'Notes & Attachments (0)' section with an 'Upload Files' button.
- Benefits Payments (0) Tab:** Shows a table with 0 rows.
- Leave Schedules (6+) Tab:** Shows a table with 6 rows of data:

| 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](#)

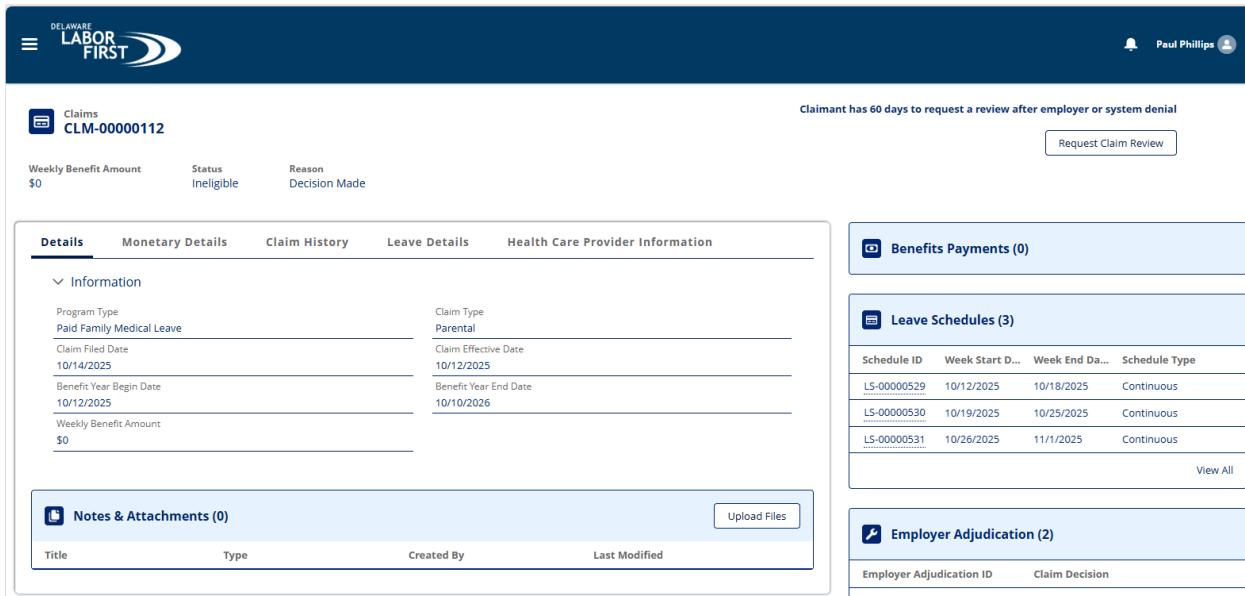
Claim Details Screen

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.



The screenshot shows the 'Request Claim Review' screen. At the top, there is a header with the 'DELWARE LABOR FIRST' logo, a user profile for 'Paul Phillips', and a notification bell. Below the header, the claim number 'CLM-00000112' is displayed. The main content area shows claim details: 'Weekly Benefit Amount' (\$0), 'Status' (Ineligible), and 'Reason' (Decision Made). A button 'Request Claim Review' is located in the top right corner of this section. Below these details, there are tabs for 'Details', 'Monetary Details', 'Claim History', 'Leave Details', and 'Health Care Provider Information'. The 'Leave Details' tab is active, showing information like '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), and 'Benefit Year End Date' (10/10/2026). To the right of the main content, there are three side-panel boxes: 'Benefits Payments (0)', 'Leave Schedules (3)', and 'Employer Adjudication (2)'. The 'Leave Schedules' box contains three entries with columns for 'Schedule ID', 'Week Start Date', 'Week End Date', and 'Schedule Type'. The 'Employer Adjudication' box contains two entries with columns for 'Employer Adjudication ID' and 'Claim Decision'.

Request Claim Review Link

Claimant LaborFirst User Guide

The **Request Claims Review** Screen allows the Claimant to explain why they disagree with the reason their claim was found ineligible. It is recommended that Claimants provide as much detail as possible and upload any supporting documentation to support their rationale.

Request Claim Review

The reason your claim was found ineligible is listed below. Please explain why you disagree with this decision. Provide as much detail as possible.

Claim Status: Ineligible
Reason: DecisionMade

Once you submit this form, the Delaware Department of Labor, Division of Paid Leave will review the information you provided here as well as all information we have about your claim.

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

Please upload any supporting documentation related to your claim review request.

Upload Files
Or drop files

Next

Claimant has 60 days to request a review after their claim was denied.

Steps

- Request Claim Review
- Summary
- Confirmation

Request Claims Review Screen

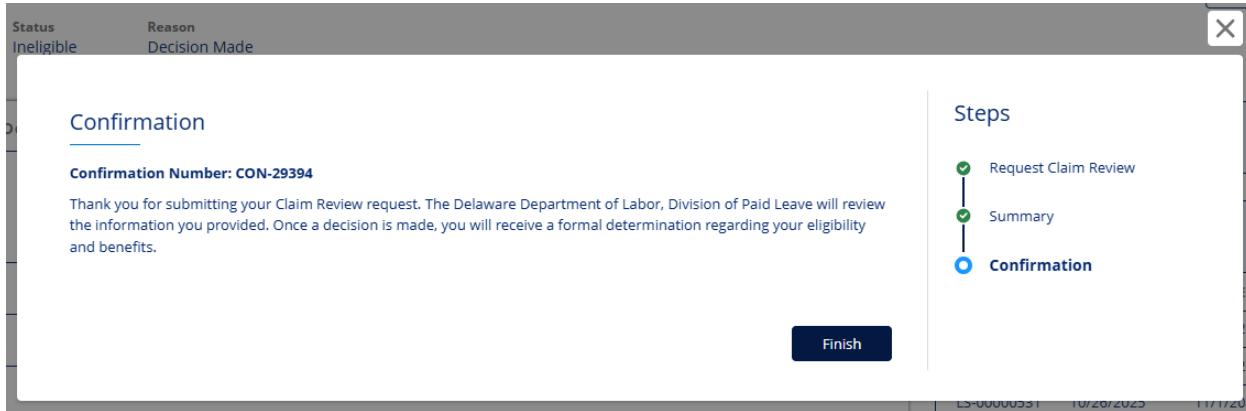
Claimant LaborFirst User Guide

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.

Summary Screen

Claimant LaborFirst User Guide

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



Status: Ineligible Reason: Decision Made

Confirmation

Confirmation Number: CON-29394

Thank you for submitting your Claim Review request. The Delaware Department of Labor, Division of Paid Leave will review the information you provided. Once a decision is made, you will receive a formal determination regarding your eligibility and benefits.

Finish

Steps

- Request Claim Review
- Summary
- Confirmation**

LS-00000531 10/26/2025 1177202

Confirmation Screen