



*Employer  
LaborFirst  
User Guide*

# LaborFirst Employer User Guide

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## 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 application
- **Help and Support Resources** (visit the [LaborFirst](#) website)
  - Contacting the Help Desk
  - Additional resources and LaborFirst guides
  - Frequently Asked Questions

## 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 complete two activities.

### Step One: Are You a New Business Operating in Delaware?

**If your business is registered in Delaware One Stop, proceed to Step 2.**

If you haven't registered your business in Delaware One Stop, please visit [One Stop](#).

If you need **help**, visit the [One Stop Contact](#) page.

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

Third Party Administrator or Professional Employer Organization? [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.



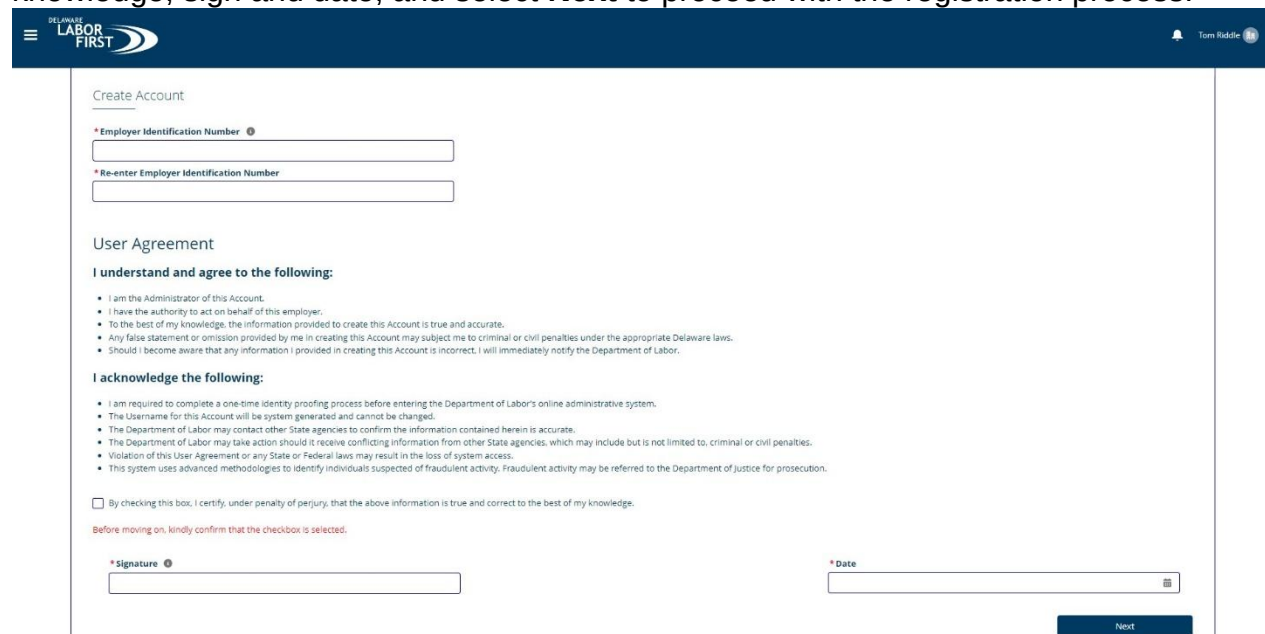
My Delaware LaborFirst Tile

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

## Employer Registration

### Employer Business Registration

The first time an employer signs in to LaborFirst, they will be automatically navigated into the Employer Business Registration process. The 'Create Account' screen is the first step in the Business Registration process. This screen asks the employer to enter their 'Employer Identification Number' (EIN). It must match a FEIN registered in Delaware One Stop. Additionally, this screen contains a User Agreement outlining critical acknowledgements the employer must accept to proceed. The employer will utilize the checkbox to certify that the information is true and correct to the best of their knowledge, sign and date, and select **Next** to proceed with the registration process.



**Create Account Screen**

# Employer LaborFirst User Guide

The 'Introduction' screen is the next step in Business Registration. This screen provides the employer with information on what is required to register an employer account in LaborFirst successfully.

Review the information and select **Next** to go to the registration process.

**Note:** Third-party administrators (TPAs) that employ workers in Delaware must also register as employers.

### Introduction

Welcome to the Delaware Department of Labor's online administrative system! The goal of this system is to simplify an employer's user experience when managing their accounts with the Delaware Department of Labor. Prior to beginning this process, please gather the following information:

- Legal Business Name
- Trade, fictitious, or assumed name if different from legal business name (i.e. DBA or doing business as)
- Federal Employer Identification Number (FEIN)
- Physical address of business
- Mailing address of business
- Additional business location addresses (if applicable)
- Business Type (corporation, sole proprietorship, LLC, etc.)
- State and date of incorporation (if applicable)
- Primary business activity performed
- Owner/Officer name(s), Social Security Number(s), date(s) of birth and personal address(es)

Upon completion of your registration, you will receive a new Account number. This Account number will apply to all Delaware Department of Labor programs managed by this online system.

Next

### Steps

- Introduction
- Business Details
- Business Qualification
- Address
- Officers and Owners
- Contacts
- Preferred Method of Communication
- Registration Summary
- Confirmation

## Introduction Screen

## Employer LaborFirst User Guide

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

Note: If the registration is not complete, the person registering will receive an email after 10 days reminding them to complete their registration. If registration is not completed by the 15<sup>th</sup> calendar day, the incomplete registration data will be purged from the system.

Business Details

\* FEIN (Federal Employer Identification Number)

10-1010101

\* Legal Business Name

DBA (Doing Business As) Name

State Business ID

\* Business Type

Business Incorporation Date

\* Business Start Date

State of Incorporation

\* First Payroll Date ⓘ

\* Date First Worker Hired ⓘ

\* First Payroll Amount

\* How many business locations do you operate in Delaware?

\* NAICS Business Industry Description ⓘ

☐ Independent Contractor Used?

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**Registration Steps Progress**



## Employer LaborFirst User Guide

The 'Business Details' screen is the next step in the registration process. Throughout the registration process, labels marked with a red asterisk are required to proceed to the next screen. Throughout the registration process, some details will be pre-populated from the information provided previously in My.Delaware.gov. Please review the information for accuracy. For each step, enter data as required and select **Next**.

### Business Details

\* FEIN (Federal Employer Identification Number)

10-1010101

\* Legal Business Name

DBA (Doing Business As) Name

State Business ID

\* Business Type

Business Incorporation Date

\* Business Start Date

State of Incorporation

\* First Payroll Date ⓘ

\* Date First Worker Hired ⓘ

\* First Payroll Amount

\* How many business locations do you operate in Delaware?

\* NAICS Business Industry Description ⓘ

☐ Independent Contractor Used?

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### Business Details Screen

## Employer LaborFirst User Guide

The 'Business Qualification' screen is the next step in the registration process. This step gathers information to begin determining the employer type. The first question on the screen asks the employer if the business is a Professional Employer Organization (PEO). A PEO is an outsourcing firm that provides services to small and medium-sized businesses, such as HR services, technology, and expertise. A PEO will register on the Employer Portal if they employ workers in the state of Delaware. However, they will also need to register in the TPA Portal for the services they provide on behalf of their clients.

Next, the person registering will select their employer type, whether they close for 30 consecutive days or more, and their employee count. The employer will select **Next** to proceed to the next step.



The screenshot shows the 'Business Qualification' screen. On the left, there are three questions with radio button options and a text input field. The first question asks if the business is a professional employer organization (PEO). The second question asks for the employer type, with options: Agricultural, Domestic/Household, and Regular (selected). The third question asks if the business closes more than 30 consecutive days per year. Below these is a text input field for the number of employees in Delaware. On the right, a 'Steps' sidebar lists the registration process: Introduction, Business Details, Business Qualification (current step), Address, Officers and Owners, Contacts, Preferred Method of Communication, Registration Summary, and Confirmation. At the bottom right are 'Previous' and 'Next' buttons.

**Business Qualification**

\* Is this business a professional employer organization?  
☐ Yes ☐ No

\* Please select the employer type  
☐ Agricultural  
☐ Domestic/Household  
☒ Regular

\* Do you operate a business that closes more than 30 consecutive days per year?  
☐ Yes ☐ No

\* How many employees work in Delaware? ⓘ

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**Business Qualification Screen**

## Employer 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 employer will enter their information.

Note: In the example below, the 'Mailing Address' field is pre-populated due to the information previously entered in One Stop. The employer can select **Edit** to update the information accordingly.

### 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

6633 MockingBird Lane Suite 71487, Wilmington, DE 19861

Edit

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

☐ Yes ☐ No

\* Would you like to add additional locations?

☐ Yes ☒ No

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### Steps

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### Address Screen

## Employer LaborFirst User Guide

From the 'Mailing Address' window, the 'Search' field allows the employer to begin entering their address. If the address is found (using an address service), the employer 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

Search

☐ Address not found

\* Country

United States

\* City

\* Address Line 1 ⓘ

\* Zip/Postal Code

\* State/Province

Delaware

Cancel

Save

**Mailing Address Window**

## Employer LaborFirst User Guide

If the employer 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.

Note: If "1" was entered for the question "How many locations do you operate in Delaware?" on the 'Business Details' screen, the last question ("Would you like to add additional locations?") will be defaulted to "No". However, the employer can change the answer to "Yes" to add additional locations.

### 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

6633 MockingBird Lane Suite 71487, Wilmington, DE 19861

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

☐ Yes
 ☒ No

#### Physical Address

\* Would you like to add additional locations?

☐ Yes
 ☒ No

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**Address Screen with Physical Address**

## Employer LaborFirst User Guide

If the person registering indicates that their business has additional locations, the 'Additional Locations' screen will dynamically appear in the 'Steps' status bar on the right and will be the next step in the process. The 'Additional Locations' screen allows the person registering to enter addresses for additional business locations.

**Additional Locations Screen**

## Employer LaborFirst User Guide

Select **New** to launch the 'Additional Locations' window. The only difference with this address window versus the previous is the 'Address Type' field. This allows the employer to indicate the type of address they are adding to their account (physical location, appeals office, etc.). Once the employer has indicated the address type, they will follow the same steps previously mentioned to enter a new address. Select **Save** once completed.

Locations

**\* Address Type**

Cancel

Save

**Additional Locations Window**

## Employer LaborFirst User Guide

The 'Officers and Owners' screen is the next step in the process. Select the down arrow, then **Edit** to enter the first owner or officer. If more owners and/or officers are being added, select **New** and repeat these steps until all owners and/or officers are added.

Officers and Owners

 All owners (except if a publicly-traded company) and at least one officer (if company owned by another business) must be identified.

Officers and Owners



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**Officers and Owners Screen**



## Employer LaborFirst User Guide

Upon launching the 'Officers and Owners' window, the employer needs to indicate if the ownership type is Individual or Business. Publicly traded companies should select the Business.

Enter the FEIN and Business name for the business ownership. Fields will display dynamically based on the selection. At least one owner or officer is required to proceed. Once owner(s) and/or officer(s) are added, enter the required information and select **Save** once completed. Then select **Next** to proceed.

The screenshot shows the 'Officers and Owners' window. The 'Officer and Ownership Type' section has 'Individual' selected. The form fields are as follows:

- \* Title**: A dropdown menu.
- \* First Name**: A text input field.
- \* Last Name**: A text input field.
- \* Primary Phone Number**: A text input field.
- \* Address Same As Mailing Address?**: Radio buttons for 'Yes' and 'No'.
- \* Social Security Number**: A text input field.
- Middle Initial**: A text input field.
- \* Date of Birth**: A date picker field.
- \* Percent Owned**: A text input field.

At the bottom right, there are 'Cancel' and 'Save' buttons.

The screenshot shows the 'Officers and Owners' window. The 'Officer and Ownership Type' section has 'Business' selected. The form fields are as follows:

- \* Title**: A dropdown menu with 'Owner' selected.
- \* Primary Phone Number**: A text input field.
- \* Percent Owned**: A text input field.
- \* Address Same As Mailing Address?**: Radio buttons for 'Yes' and 'No'.
- \* Federal Employer Identification Number (FEIN)**: A text input field.
- \* Business Name**: A text input field.

At the bottom right, there are 'Cancel' and 'Save' buttons.

**Officers and Owners Window**

## Employer LaborFirst User Guide

'Contacts' is the next screen in the process. While businesses may add multiple contacts, at least one Registration Contact is required. The Registration Contact will serve as the main point of contact for all registration-related inquiries from Department of Labor Staff. The Registration Contact must be selected from the drop-down menu for at least one contact added to the account. Select **+New** to enter contacts.

Please note that this screen may already have a potential contact prepopulated per information previously entered in One Stop.

The employer may select the down arrow and **delete** if the information is incorrect. Additionally, the employer may select **Edit** to update the information provided as needed. If no contact information was prepopulated, select **New** to launch the 'Contact' window.

Contacts

At least one Registration Contact is required to complete the registration process.

Contacts

+ Marcus Clark

+ New

Edit

Delete

Steps

- Introduction
- Business Details
- Business Qualification
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- Officers and Owners
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**Contacts Screen**

## Employer LaborFirst User Guide

The 'Contacts' window first asks the 'Title' of the contact being entered. This field is a drop-down menu. If 'Registration Contact' is selected, a question dynamically displays asking if the person who initially created this account is also the Registration Contact. If 'yes' is selected, the subsequent fields populate with information that was previously entered. The employer has the ability to edit these fields as needed.

Select **Save** once completed.

Contacts

**\* Title**

Registration Contact ▼

Is the person who initially created this account also the Registration Contact?

☐ Yes ☐ No

**\* First Name**

**MI**

**\* Last Name**

**Suffix**

**\* Phone Number**

**Fax**

**\* Email**

Cancel

Save

**New Contacts Window**

## Employer LaborFirst User Guide

'Preferred Method of Communication' is the next step in the business registration process. Currently, email is the only method of communication available. The field is defaulted to email and read-only. The email address previously entered will automatically populate in the fields below. The person registering may confirm or change as necessary.

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

Preferred Method of Communication

Registration requires a preferred method of communication to complete the registration process. Please provide your preferred email.

\* Preferred Method of Communication  
Email

\* Email Address

\* Re-enter Email Address

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**Preferred Method of Communication Screen**

## Employer LaborFirst User Guide

The final step in the business registration process is the 'Registration Summary' screen. The summary allows the employer 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, sign and date, and select **Next** to complete the registration.

### Registration Summary

Business Details

FEIN: 00-0001109  
Doing Business As:  
Business Type: Corporation for Profit  
Business Start Date: 07/01/2024  
First Payroll Date: 07/01/2024  
NAICS Code/Description: Full Service Restaurants  
Business Locations: 1

Business Name: Flourishing Business  
State Business ID:  
Business Incorporation Date: 05/09/2024  
State of Incorporation:  
Date First Worker Hired: 07/01/2024  
First Payroll Amount: \$500.00  
Independent Contractor Used: No

Qualifying Questions

- Is this business a professional employer organization? No
- Do you operate a business that closes more than 30 consecutive days per year? No
- How many employees work in Delaware? 13

Addresses

| Type              | Address Line 1                    | City       | State    | Zip   | Country       |
|-------------------|-----------------------------------|------------|----------|-------|---------------|
| Physical Location | 6633 MockingBird Lane Suite 71487 | Wilmington | Delaware | 19861 | United States |
| Mailing           | 6633 MockingBird Lane Suite 71487 | Wilmington | Delaware | 19861 | United States |

Officers and Owners

| Title | First Name | Last Name | Percent Owned | Phone Number   |
|-------|------------|-----------|---------------|----------------|
| CEO   | Marcus     | Clark     | 100           | (214) 214-2141 |

Contacts

| Title                | First Name | Last Name | Email                         | Phone Number   |
|----------------------|------------|-----------|-------------------------------|----------------|
| Supervisor           | Marcus     | Clark     | marcusclark22@sharklazers.com | (214) 333-3333 |
| Registration Contact | Marcus     | Clark     | marcusclark22@sharklazers.com | (774) 383-9999 |

Preferred Method of Communication

Preferred Method of Communication: Email  
Email Address: marcusclark22@sharklazers.com

Certification

Registration Certification  
  
☐ By checking this box, I certify, under penalty of perjury, that the information provided in this filing is true and correct to the best of my knowledge and belief.

\* Signature

\* Date

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### Registration Summary Screen

## Employer LaborFirst User Guide

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

### Confirmation

**Confirmation Number: CON-00444**

Your business account has been successfully registered with the Department of Labor as of **07/30/2024**.  
Please retain a copy of this registration confirmation for your records.  
Your Department of Labor Account Number is: **1000431**

**Proceed**

### Steps

- ✓ Introduction
- ✓ Business Details
- ✓ Business Qualification
- ✓ Address
- ✓ Additional Locations
- ✓ Officers and Owners
- ✓ Contacts
- ✓ Preferred Method of Communication
- ✓ Registration Summary
- Confirmation**

### Confirmation Screen

## Paid Leave Registration

Once a business has been registered, an employer or TPA can begin the Paid Family Medical Leave (PFML) enrollment process. Please note: an employer will automatically be navigated into the Paid Leave enrollment process immediately following the completion of business registration. However, if the employer logs out of LaborFirst before enrolling in Paid Leave, they can select **Register for Paid Leave** on the 'Employer Portal Landing Screen' upon logging back in.

The first screen in the paid leave registration process is the 'Department of Labor Division' screen. This screen provides a brief description of the Delaware Paid Leave (DPL) Program. Read the description and select **Next**.

### Department of Labor Division

☒ Paid Leave

Delaware Paid Leave (DPL) provides wage-replacement benefits for employees on approved leave to either bond with a healthy new child or to care for themselves or a loved one in case of serious illness or injury. This online portal provides employers with the ability to manage their Paid Leave account, regardless of whether this benefit is provided through the Delaware Paid Leave plan, a Division-approved private insurance carrier or a self-insurance plan. To manage your Paid Leave account, check this box and select 'Next' below.

Next

### Steps

- Department of Labor Division**
- Paid Family Medical Leave
- Registration Summary
- Confirmation

### Department of Labor Division (Paid Leave) Screen

## Employer LaborFirst User Guide

The next screen is the 'Paid Family Medical Leave' screen. Components on this screen are displayed dynamically based on the employee count provided in business registration.

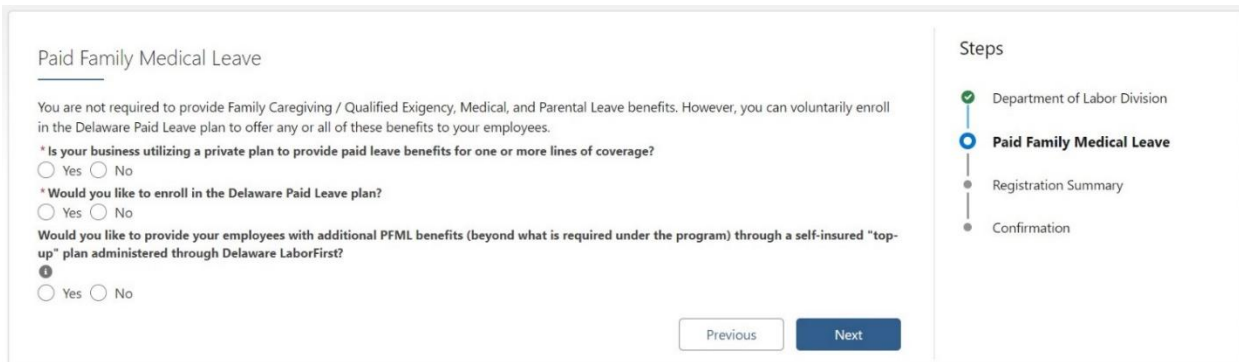
Please note that businesses are automatically enrolled in the Delaware Paid Leave Plan for their required lines of coverage based on employee count. However, the first question on this screen asks if this business is applying utilizing a private plan to provide paid leave benefits for one or more lines of coverage. This question is only displayed if Delaware Paid Leave has certified insurance plans on file.

The second question asks if the business would like to enroll in the Delaware Paid Leave plan. The lines of coverage which are required under the PFML law are pre-selected. The employer may elect to enroll in additional lines of coverage. If an employer is not required to provide coverage under the PFML law, then no lines will be pre-selected, and the employer may voluntarily elect to provide coverage to any or all lines of coverage.

The final question on the screen asks the employer if they would like to provide their employees with additional PFML benefits through a self-insured "top-up" plan, which provide additional wages beyond what is required under the PFML law.

Note: The screen below may appear differently based on the employer size. For more information about program requirements, please visit the [Delaware Department of Labor Paid Leave site](#).

Employers will answer the following questions accordingly and select **Next** to proceed.



The screenshot shows the 'Paid Family Medical Leave' screen. On the left, there is a heading 'Paid Family Medical Leave' followed by a paragraph: 'You are not required to provide Family Caregiving / Qualified Exigency, Medical, and Parental Leave benefits. However, you can voluntarily enroll in the Delaware Paid Leave plan to offer any or all of these benefits to your employees.' Below this are three questions, each with 'Yes' and 'No' radio button options:

- \* Is your business utilizing a private plan to provide paid leave benefits for one or more lines of coverage?
- \* Would you like to enroll in the Delaware Paid Leave plan?
- Would you like to provide your employees with additional PFML benefits (beyond what is required under the program) through a self-insured "top-up" plan administered through Delaware LaborFirst?

At the bottom of the question area are 'Previous' and 'Next' buttons. On the right side, there is a 'Steps' section with a vertical list of four items: 'Department of Labor Division' (with a green checkmark), 'Paid Family Medical Leave' (with a blue circle and a vertical line), 'Registration Summary', and 'Confirmation'.

**Paid Family Medical Leave Screen**



## Employer LaborFirst User Guide

If an employer selects **Yes** when asked if they wish to use a private plan to provide paid leave coverage, an additional screen will populate in the 'Steps' bar. The 'Private Plan Details' screen is used to provide more details if the person registering is enrolled in a private certified plan with one or more lines of paid coverage. The 'Private Plan Details' screen asks the employer and/or TPA to provide the Insurance Carrier's Name and Policy Number. The Insurance Carrier search field lists Active Insurance Plans.

The person registering may enter up to three different insurance carriers by selecting **Add** at the top of the page. When multiple insurance providers are entered, an error message is generated when lines of coverage are duplicated. Each carrier must have at least one line of coverage.

Proof of a private plan is required for Paid Leave Staff review and approval. Provide a copy of the plan using the required file upload field. Agency staff will review the approval request by December 31, 2024.

Note: When selecting line(s) of coverage addressed by a private insurance or self-insured plan, you will receive an error message until **Included** or **N/A** is selected next to each line of coverage.

Upon entering the required information, select **Next**.

Private Plan Details

Add

Please provide the private plan information requested for each line of coverage. Use the "Add" button located on the top right of this page if using more than one insurance plan for these benefits.

\* Insurance Carrier

\* Insurance Policy Number

\* Are you providing all lines of mandated PFML coverage through this insurance plan? ☐ Yes ☐ No

\* Please indicate the line(s) of coverage addressed by the private insurance plan.

Parental Leave ☐ Included ☐ N/A

Medical Leave ☐ Included ☐ N/A

Family Caregiver/Qualified Exigency Leave ☐ Included ☐ N/A

\* Please upload a copy of your policy including the declaration page. If you have separate policies for the different lines of coverage (Family Caregiving / Qualified Exigency, Medical, and Parental), please upload each declaration page separately.

Or drop files

Steps

- Department of Labor Division
- Paid Family Medical Leave
- Private Plan Details**
- Registration Summary
- Confirmation

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**Private Plan Details Screen**

## Employer LaborFirst User Guide

Employers who meet the criteria to apply for a self-insured plan will see the first question on the 'Private Plans Details' screen asking the employer to indicate what type of Private Insurance they currently have: Insurance Carrier Plan or Self-Insured Plan. If "Insurance Carrier Plan" is selected, they will follow the directions from the previous section. However, the Self-Insured Plan option has a slightly different process.

Employers utilizing a self-insured plan are required to list the total number of individuals covered. Additionally, they are asked if they would like to use LaborFirst to administer their plan. Employers have the option to apply to utilize a self-insured for one or more lines of coverage as indicated by question 3.

Another key difference with the self-insured plan are the documents required to upload. Employers must upload documentation of a surety bond, proof of a pre-funded bank account, and self-insured plan documentation. A file must be submitted for each of the 3 file uploads to continue to the next screen.

Enter the required information and select **Next**.

Private Plan Details

Add

Please provide the private plan information requested for each line of coverage. Use the "Add" button located on the top right of this page if using more than one insurance plan for these benefits.

\* What type of Private Insurance do you currently have?

☐ Insurance Carrier Plan

☒ Self-Insured Plan

\* What is the total number of insured individuals covered?

\* Would you like to use LaborFirst to administer your self-insured plan?

☐ Yes ☐ No

\* Are you providing all lines of mandated PFML coverage through this insurance plan?

☒ Yes ☐ No

\* Please upload supporting documentation of your surety bond.

Or drop files

\* Please upload proof of pre-funded bank account.

Or drop files

\* Please upload the self-insured plan documentation.

Or drop files

Previous Next

Steps

- Department of Labor Division
- Paid Family Medical Leave
- Private Plan Details**
- Registration Summary
- Confirmation

**Self-Insured Details Screen**

The person registering will select the checkbox to confirm that all information provided on the 'Summary' screen is correct. Select **Next** to proceed to the 'Confirmation' screen.

## Registration Summary Screen

# Employer LaborFirst User Guide

The final screen in the Paid Leave Enrollment process is the 'Confirmation Screen'. Select **Finish** to be navigated to the 'Employer Portal Landing Screen'.

### Confirmation

**Confirmation Number: CON-00445**

You have made the following selections for paid leave coverage:

- Parental Leave: **Delaware Paid Leave**
- Medical Leave: **Delaware Paid Leave**
- Family Caregiving/Qualified Exigency Leave: **Aetna-39399392**

Please retain a copy of this registration confirmation for your records.

**Finish**

### Steps

- ✓ Department of Labor Division
- ✓ Paid Family Medical Leave
- ✓ Private Plan Details
- ✓ Registration Summary
- **Confirmation**

## Confirmation Screen

## General Portal Navigation

### Employer Self-Service (ESS) Portal

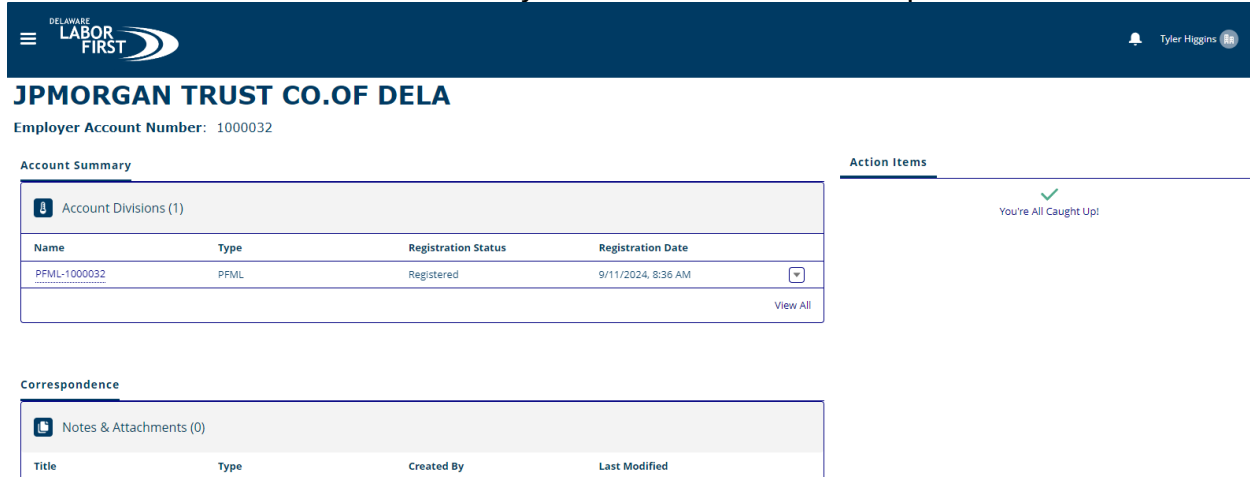
The 'Employer Portal' screen is the first screen presented to an employer after logging in. Links to actions are presented based on actions available to the business at the time.



### Employer Portal Landing Screen

# Employer LaborFirst User Guide

The 'Employer Portal Home Screen' displays the business name, Employer Account Number, Account Divisions Summary, Action Items, and Correspondence.



The screenshot shows the Employer Portal Home Screen for JPMORGAN TRUST CO.OF DELA. The header includes the Delaware LaborFirst logo, a user profile for Tyler Higgins, and the Employer Account Number: 1000032. The main content area is divided into three sections: Account Summary, Action Items, and Correspondence.

**Account Summary**

| Name         | Type | Registration Status | Registration Date  |
|--------------|------|---------------------|--------------------|
| PFML-1000032 | PFML | Registered          | 9/11/2024, 8:36 AM |

[View All](#)

**Action Items**

You're All Caught Up!

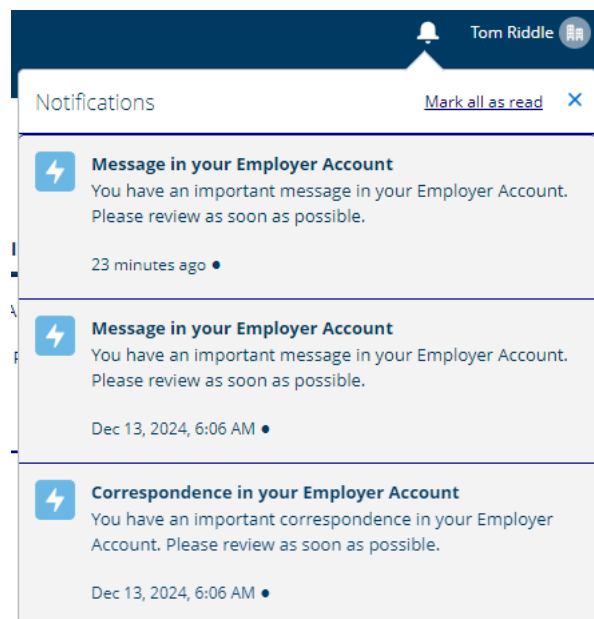
**Correspondence**

| Title                   | Type | Created By | Last Modified |
|-------------------------|------|------------|---------------|
| Notes & Attachments (0) |      |            |               |

## Employer Portal Home Screen

### Notifications

Two icons are always displayed at the top of the Employer Portal, pictured below: Notifications and the Profile Icon. The Notifications Icon will contain important alerts to review.



The screenshot shows the Notifications icon dropdown menu. The menu is titled "Notifications" and includes a "Mark all as read" link. It contains three notification items:

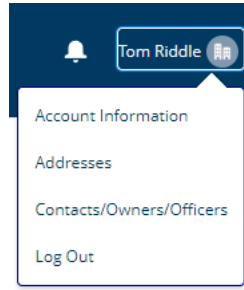
- Message in your Employer Account**  
You have an important message in your Employer Account. Please review as soon as possible.  
23 minutes ago
- Message in your Employer Account**  
You have an important message in your Employer Account. Please review as soon as possible.  
Dec 13, 2024, 6:06 AM
- Correspondence in your Employer Account**  
You have an important correspondence in your Employer Account. Please review as soon as possible.  
Dec 13, 2024, 6:06 AM

## Notifications Icon

## Employer LaborFirst User Guide

### Profile Icon

Select the profile icon, and then select other areas of the portal: Account Information, Addresses, Contacts/Officers/Owners, and Log Out.



**Profile Icon Dropdown Menu**

### Account Information Screen

The 'Account Information' screen shows the Account Details. These fields are read-only and shows the current data on file – received either through registration or updated by Delaware Department of Labor (DeDOL) staff.

| Details                                  |                             |
|------------------------------------------|-----------------------------|
| Account Name                             | DBA                         |
| Tom's Riddle Shop                        |                             |
| Business Type                            | Preferred Contact Method    |
| Corporation for Profit                   | Email                       |
| State Business Id                        | Email Address               |
|                                          | vamosari@azuretechtalk.net  |
| Registration Status                      | Business Incorporation Date |
| Registered                               |                             |
| NAICS Title                              | State of Incorporation      |
| 339930-Doll, Toy, and Game Manufacturing |                             |
| Registration Date                        |                             |
| 2024-12-12                               |                             |

**Account Information Screen**

## Addresses

The Account Administrator(s) can access and edit the 'Addresses' screen from the Profile Icon. The 'Addresses' screen lists the address of each business location registered to the Employer Account. To update an address, select **Edit** from the down arrow at the right of the address. Additionally, more business locations can be added to the account. To add a new address to the account, select **New** from the top right corner. Enter the required information and select **Save** once completed.

DELAWARE

LABOR FIRST

Tom Riddle

Accounts > Tom's Riddle Shop

Addresses

2 items • Updated a few seconds ago

New

|   | Address ID    | Address Type      | Address (Street) | Address (City) | Address (State/Province) | Address (ZIP/Postal Code) |  |
|---|---------------|-------------------|------------------|----------------|--------------------------|---------------------------|--|
| 1 | ADR-000000765 | Mailing           | 402 Ogletown Rd  | Newark         | DE                       | 19711                     |  |
| 2 | ADR-000000766 | Physical Location | 402 Ogletown Rd  | Newark         | DE                       | 19711                     |  |

Addresses Screen



X

New Address

\* = Required Information

**Information**

**\* Account**

Thriving Business
 X

**Address**

Search Address
 Q

**Address (Country/Territory)**

United States
 ▼

**Address (Street)**

**Address (City)**

**Address (State/Province)**

--None--
 ▼

**Address (ZIP/Postal Code)**

**Country**

United States
 ▼

**\* Primary Location**

No
 ▼

**\* Address Type**

--None--
 ▼

Physical Location Number

Cancel
Save & New
Save

**New Address Window**

## Employer LaborFirst User Guide

### Contacts/Officers/Owners

The Profile Icon allows the employer to access the 'Contacts/Officers/Owners' Screen. This screen lists the account contacts with their Contact Name, Title Type, Email, Phone Number and Officers/Owners. Select **New** to enter new contacts and/or Officers/Owners.

**Contacts** Owners/Officers

Accounts > Tom's Riddle Shop  
Contacts

3 items • Sorted by Last Name • Updated a few seconds ago

New

⚙️ ⌕ ⌵

|   | Contact Name | Title Type           | Email                      | Phone Number   |   |
|---|--------------|----------------------|----------------------------|----------------|---|
| 1 | Tom Riddle   | Administrator        | vamosari@azuretechtalk.net |                | ⌵ |
| 2 | Tom Riddle   | Registration Contact | vamosari@azuretechtalk.net | (213) 434-3511 | ⌵ |
| 3 | Steve Smith  | Internal User        | timyjapo@teleg.eu          | (302) 3332222  | ⌵ |

**Contacts Screen**

✕

New Contact

\* = Required Information

**Contact Information**

Account Name  
Thrivin Business

**\* Title Type**  

--None--

Complete this field.

**\* Name**

**Salutation**  

--None--

**First Name**  

First Name

**Middle Name**  

Middle Name

**\* Last Name**  

Last Name

**Suffix**  

Suffix

**Middle Name**

**\* Phone Number**  

(214) 738-3571

**\* Email**

Cancel

Save & New

Save

**New Contact Window**

Contacts **Owners/Officers**

Accounts > Thriving Business  
Owner/Officers

1 item • Updated a few seconds ago

| Owner Id   | Name           | Title | Percent Owned |
|------------|----------------|-------|---------------|
| 1 E-000286 | Amanda Stevens | CEO   | 100%          |

**Owner/Officers Screen**

×

New Owner/Officers: Individual

\* = Required Information

Information

Account

Thriving Business

\* Officer Type ⓘ

Individual

\* Title

--None--

\* First Name

Middle Initial

\* Last Name

SSN

Address Line 1

Address Line 2

City

State

Delaware

Zip

Country

United States

Email

\* Percent Owned

\* Phone Number

Cancel

Save & New

Save

**New Owner/Officers: Individual Screen**

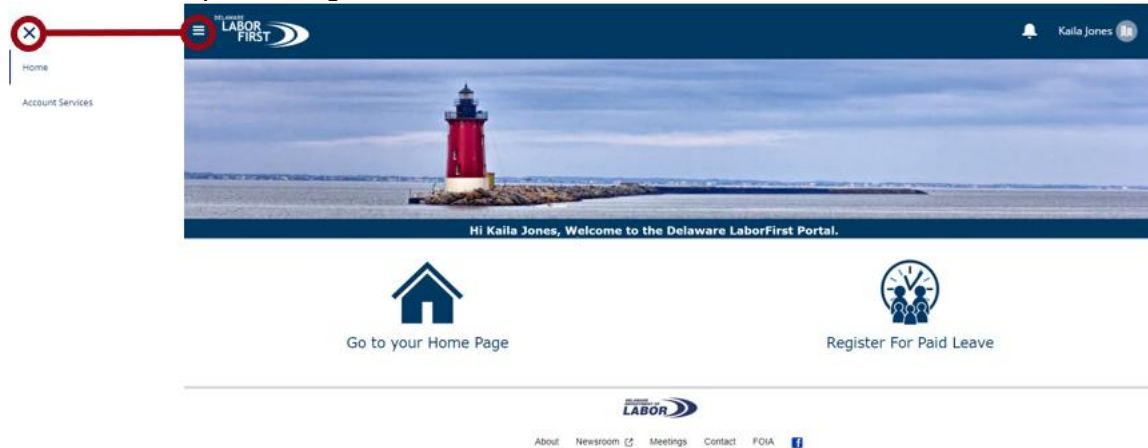
## Employer LaborFirst User Guide

### Log Out

At the bottom of the Profile Icon dropdown list, select **Log Out** to end the session and leave LaborFirst.

### Menu

The Menu, located on the top left corner of the screen, allows the employer to move to various screens pertaining to Account Services.

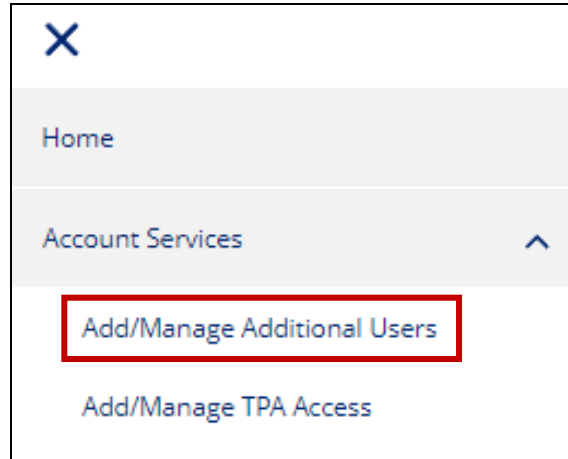


### Employer Portal Menu

## Add and Manage Users

### Add Additional Users

Both TPAs and Employers can add additional individuals to their LaborFirst accounts. LaborFirst allows the account owner, known as the “Account Administrator” to add and manage additional users (internal to their company). When additional users are set up, they are given access to the account and can engage in LaborFirst functionality based on permissions granted by the account administrator. Additional users who are granted administrator access have the same abilities as the initial account owner.



**Account Services Dropdown Menu**

## Employer LaborFirst User Guide

After selecting **Add/Manage Additional Users**, the account administrator can both add new Additional Users, as well as manage relationships with existing Additional Users. To add a new Additional User to the LaborFirst account, enter their First Name, Last Name, Email, and Phone Number. Please note: the email entered must be unique and cannot exist in LaborFirst. Next, then select the Authorization Type in order to indicate the Additional User's access level to the LaborFirst account. The Authorization levels are as follows:

- Administrator: read/update/create access is provided for all functions.
- Maintain Profile: read/update/create access to account information.
- Paid Leave Registration: may complete the paid leave account division registration.
- Paid Leave - File Waivers and Reclassifications: allows access to the 'File Waiver' and 'File Reclassification' links within the Paid Leave division.
- File/Amend Paid Leave Reports: allows access to file a quarterly wage and hour report.
- File Paid Leave Appeals: allows access to 'File Appeal' link.

After the information is entered and saved, the individual being added as an internal user will then create a State of Delaware account on My.Delaware.gov. From there, they will be navigated to the 'Introduction' screen. From there, they will select **Next** to move forward to the 'Identify User' screen. On this screen, they will enter the company FEIN, agree to the certification statement, sign, and date to complete their access registration. For details on obtaining Delaware state sign in credentials, please visit the [LaborFirst website](#) or see page 2 in this document.

**Note: Only Account Administrators have access to this screen.**

Add Additional Users

\* First Name

\* Last Name

\* Email

\* Phone Number

\* Authorization Type

Available

Administrator  
Maintain Profile  
Paid Leave Registration  
Paid Leave - Make Payment  
Paid Leave - File Waivers and Reclassification  
File/Amend Paid Leave Reports  
File Paid Leave Appeals

Selected

Save

Additional Users

| First Name | Last Name | Email | Phone Number | Authorization Type | Status |
|------------|-----------|-------|--------------|--------------------|--------|
|------------|-----------|-------|--------------|--------------------|--------|

### Add Additional Users Screen



# Employer LaborFirst User Guide

## Manage Additional Users

The Account Administrator(s) can manage additional users that were previously added by selecting the record they wish to edit.

Note: Administrators cannot deactivate other users with Administrator permissions.

 Additional Users

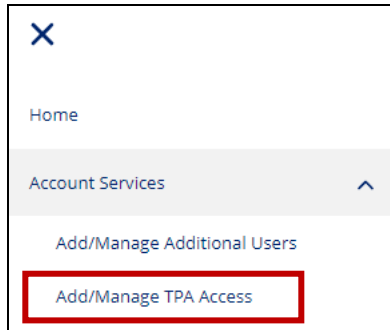
|   | First Name | Last Name | Email                       | Phone Number   | Authorization Type | Status |
|---|------------|-----------|-----------------------------|----------------|--------------------|--------|
| 1 | Search     |           | additionaluser1@yopmail.com | (860) 515-9865 | Administrator      | Active |
| 2 | Alexis     | Adams     | additionaluser2@yopmail.com | (979) 666-5424 | Administrator      | Active |

## ESS Manage Users Screen

## Add and Manage TPA Access

### Add Third Party Administrator (TPA)

In addition to adding and managing internal users, Account Administrators can also grant access to TPAs utilizing the account services dropdown from the menu. From here the user can view and manage their TPA relationships.



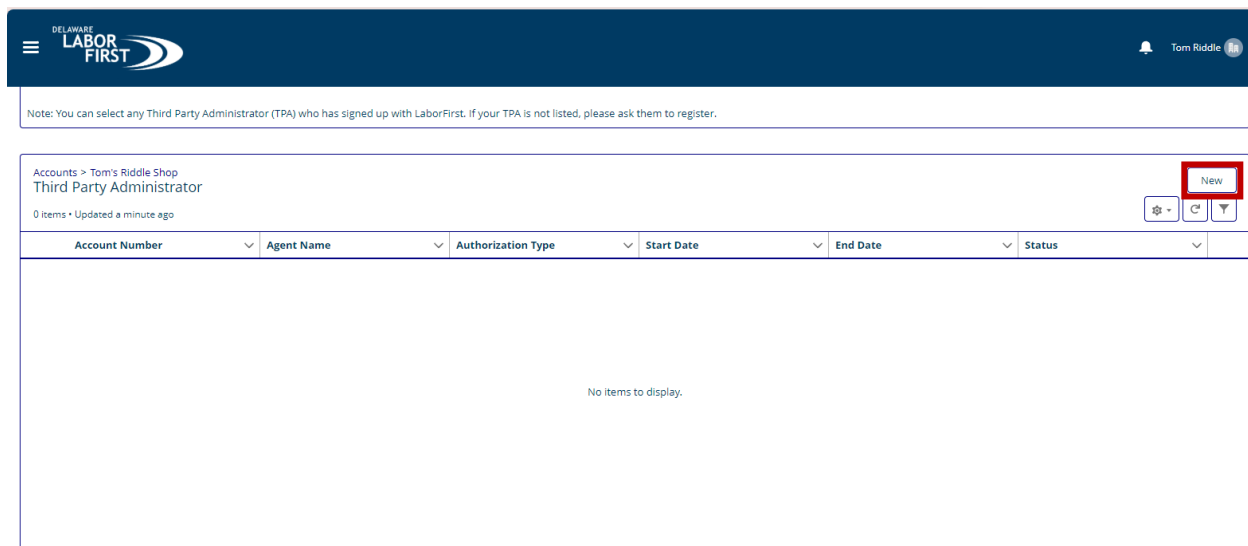
**Manage TPA Access**

# Employer LaborFirst User Guide

The employer can establish a relationship with a TPA. The TPA will not have access to an account until the start date is reached. Similarly, the TPA will not have access to the account if an end date is reached. TPAs will have access to the employer account based on the authorization type granted by the employer.

The TPA Authorization levels are as follows:

- Administrator: read/update/create access is provided for all functions.
- Maintain Profile: read/update/create access to account information.
- Paid Leave Registration: may complete the paid leave account division registration.
- Paid Leave - File Waivers and Reclassifications: allows access to the 'File Waiver' and 'File Reclassification' links within the Paid Leave division.
- File/Amend Paid Leave Reports: allows access to file a quarterly wage and hour report.
- File Paid Leave Appeals: allows access to 'File Appeal' link.
- Paid Leave - Make a Payment: allows the TPA to make payments to the Division of Paid Leave on behalf of an Employer



Note: You can select any Third Party Administrator (TPA) who has signed up with LaborFirst. If your TPA is not listed, please ask them to register.

Accounts > Tom's Riddle Shop  
Third Party Administrator

0 items • Updated a minute ago

| Account Number       | Agent Name | Authorization Type | Start Date | End Date | Status |
|----------------------|------------|--------------------|------------|----------|--------|
| No items to display. |            |                    |            |          |        |

**Manage TPA Access Screen**

## Employer LaborFirst User Guide

Select **New** to open the 'New Entity Relationship' window. Enter the requisite information and select **Save**.

**New Entity Relationship Screen**

Upon submission, the designated TPA will receive an email notification prompting them to approve or deny authorization.

Note: This is the email sent to the TPA after an employer requests TPA access to their account. The TPA must have an existing LaborFirst account to confirm authorization. This TPA notification email is sent to the preferred method of communication associated with the TPA account.

### TPA Authorization Request

8/5/2024

Dear Terrific TPA,

Thriving Business has requested authorization for you to perform the following services for their Delaware Department of Labor account:

- Administrator

Please click on the link below to confirm or deny that you will performing the service(s) on Thriving Business 's behalf.

[Confirm Authorization](#)

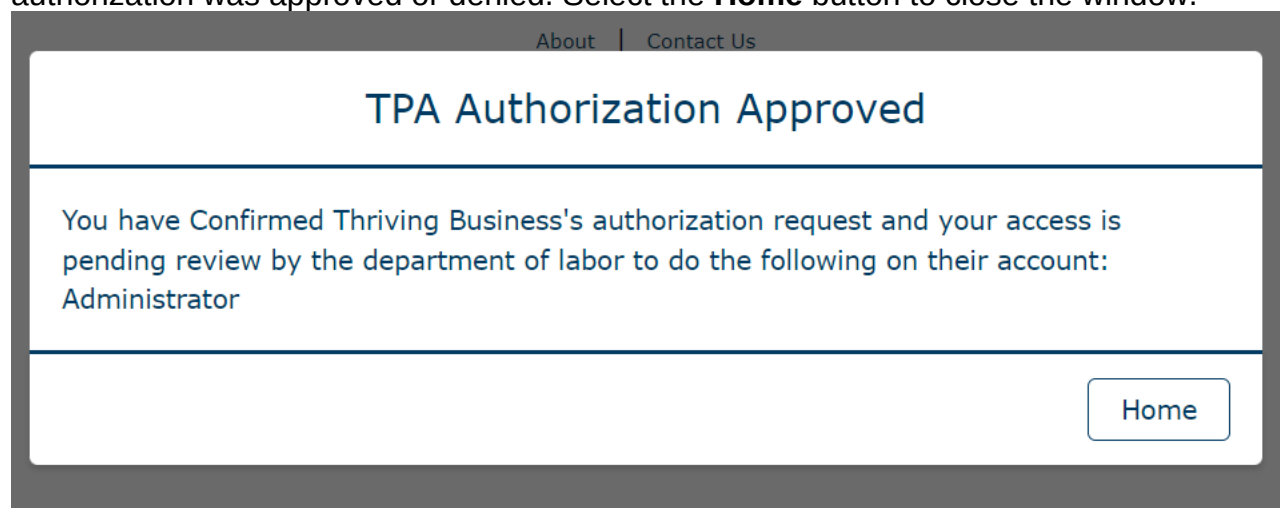
[Authorization Denied](#)

Sincerely,

Delaware Department of Labor

### TPA Authorization Email Request

Selecting **Confirm Authorization** or **Authorization Denied** will both result in the TPA being directed to the LaborFirst TPA portal log-in. After the TPA signs in to LaborFirst, they will be presented with one of the following messages depending upon whether the authorization was approved or denied. Select the **Home** button to close the window.



### TPA Authorization Approved Notification

Once an employer has requested a TPA Authorization, and the TPA has approved, then the approval is sent to Delaware Department of Labor staff for final approval or denial.

# Employer LaborFirst User Guide

## Manage TPA Access

The Account Administrator(s) can add more authorizations, remove authorizations, and end the TPA relationship.

To add more authorizations, a new relationship will need to be initiated with the additional authorizations selected. Follow the process detailed above to add a new TPA relationship.

**Note:** this will not overwrite the existing relationship, just add the new authorizations.

In order to remove authorizations, the Account Administrator needs to terminate the existing relationship, and a new TPA access request will need to be initiated to select the correct authorization type.

To terminate the relationship, the Account Administrator(s) can select the 'drop down arrow' associated with the record they wish to edit. This will open the 'Edit Entity Relationship Window'. From there, the Account Administrator(s) can terminate the relationship by entering an 'End Date'.

Additionally, if you are moving to a new TPA, you will need to terminate your existing TPA relationship and initiate a request for your new one.

Accounts > Salters Accounting Inc  
**Third Party Agents**  
3 items • Updated a few seconds ago

| Account Number | Agent Name    | Authorization Type         | Start Date | End Date | Status         |                                                                                       |
|----------------|---------------|----------------------------|------------|----------|----------------|---------------------------------------------------------------------------------------|
| 1 6000346      | Evans TPA     | Maintain Profile           | 4/15/2024  |          | Approved       |   |
| 2 6000349      | Yedal TPA Co. | Maintain Profile           | 4/18/2024  |          | Denied         |  |
| 3 6000349      | Yedal TPA Co. | Maintain Quarterly Reports | 4/18/2024  |          | Pending Review |  |

## Manage TPA Access Screen

**Edit Entity Relationship**

\*Third Party Administrator

\*Employer

\*Start Date

End Date

Relationship Type

\*Authorization Type

Available

- Paid Leave - Make Payment
- File/Amend Paid Leave Reports
- Paid Leave - File Waivers and ...
- File Paid Leave Appeals

Chosen

- Administrator

## Edit Entity Relationship Window

# Employer LaborFirst User Guide

## Account Division Screen

Once an employer has completed the PFML Enrollment process, they can view the Line(s) of Coverage on the 'Account Division' screen in their LaborFirst account. This screen provides an overview of the Paid Leave Account Division information, including Line(s) of Coverage, Employee Status, Employee Classifications, Quarterly Report, Appeals, Action Items, and Notes and Attachments.

**Account Division**  
PFML-1004798

Account: Paula's Parties | Registration Date: 3/19/2025, 1:10 PM | Registration Status: Registered | Liability Date: 1/1/2025 | Liability Status: Liable

**Lines of Coverage (3)**

| Line of Coverage ID | Line of Coverage                          | Line of Coverage Status | Effective Date |
|---------------------|-------------------------------------------|-------------------------|----------------|
| LOC-08741           | Parental Leave                            | Delaware Paid Leave     | 1/1/2026       |
| LOC-08742           | Medical Leave                             | Delaware Paid Leave     | 1/1/2026       |
| LOC-08743           | Family Caregiver/Qualified Exigency Leave | Delaware Paid Leave     | 1/1/2026       |

**Employee Status** | Employee Classification | Appeals

**Waivers and Reclassifications (2)**

| Status ID   | Employee First Name | Employee Last Name | Status                   |
|-------------|---------------------|--------------------|--------------------------|
| PLEMPS-0017 | Audrey              | Smith              | Pending Removal Waiver   |
| PLEMPS-0034 | Audrey              | Smith              | Pending Reclassification |

**Report Summary** | Rates

**Account Division Periods (1)**

| Account Division Period Name | Balance Due | Payment Amount | Report Filing Date |
|------------------------------|-------------|----------------|--------------------|
| PFML - 2025/Q1               | \$47.00     | \$1.00         | 3/19/2025          |

**Notes & Attachments (0)**

**Financial Summary**

Current Quarter Due: \$47.00  
Prior Quarters Due: \$0.00  
Account Balance: \$47.00  
Recent Payment: Recent Quarter: 2025/Q1

## Paid Leave - Account Division Screen

### Lines of Coverage

This section displays the Lines of Coverage for the account.

| Lines of Coverage (3)     |                                           |                         |                |
|---------------------------|-------------------------------------------|-------------------------|----------------|
| Line of Coverage ID       | Line of Coverage                          | Line of Coverage Status | Effective Date |
| <a href="#">LOC-08741</a> | Parental Leave                            | Delaware Paid Leave     | 1/1/2026       |
| <a href="#">LOC-08742</a> | Medical Leave                             | Delaware Paid Leave     | 1/1/2026       |
| <a href="#">LOC-08743</a> | Family Caregiver/Qualified Exigency Leave | Delaware Paid Leave     | 1/1/2026       |
| <a href="#">View All</a>  |                                           |                         |                |

## Paid Leave – Lines of Coverage

# Employer LaborFirst User Guide

## Employee Status

This section shows the statuses of employee Waivers and Reclassifications.

| Employee Status                                                                                                     |                     |                    |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------------------------------------------------------------------------------------------------------------|
| Employee Classification                                                                                             |                     |                    |                                                                                                              |
| Appeals                                                                                                             |                     |                    |                                                                                                              |
|  Waivers and Reclassifications (2) |                     |                    |                                                                                                              |
| Status ID                                                                                                           | Employee First Name | Employee Last Name | Status                                                                                                       |
| <a href="#">PLEMPS-0017</a>                                                                                         | Audrey              | Smile              | Pending Remove Waiver     |
| <a href="#">PLEMPS-0024</a>                                                                                         | Audrey              | Smile              | Pending Reclassification  |
|                                                                                                                     |                     |                    | <a href="#">View All</a>                                                                                     |

### Paid Leave – Employee Status

## Employee Classifications

This section shows any classifications of employees established by the employer.

| Employee Status                                                                                                                 |                            |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|
| Employee Classification                                                                                                         |                            |                                                                                        |
| Appeals                                                                                                                         |                            |                                                                                        |
|  Employee Classifications (1) <span>New</span> |                            |                                                                                        |
| Classification Name                                                                                                             | Classification Description | Classification Identifier                                                              |
| <a href="#">PLEC-0014</a>                                                                                                       | Customer Services          | 1  |
|                                                                                                                                 |                            | <a href="#">View All</a>                                                               |

### Paid Leave – Employee Classifications

## Report Summary

The **Reports Summary** section on the **Account Division** page shows a history and summary of all quarterly reports. To view a specific quarter's details, select the 'Account Division Period Name' for the quarter you wish to view.

| Report Summary                                                                                                   |             |                |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------------------------------------------------------------------------------------------|
| Rates                                                                                                            |             |                |                                                                                                 |
|  Account Division Periods (1) |             |                |                                                                                                 |
| Account Division Period Name                                                                                     | Balance Due | Payment Amount | Report Filing Date                                                                              |
| <a href="#">PFML - 2025/Q1</a>                                                                                   | \$47.00     | \$1.00         | 3/18/2025  |
|                                                                                                                  |             |                | <a href="#">View All</a>                                                                        |

### Paid Leave – Report Summary



## Employer LaborFirst User Guide

The **Account Division Period Details** displays a summary of the quarterly report including Balance Due, Tax Liability Amount, and Payment Amount.



Account Division Period  
PFML - 2025/Q1

Period Begin Date  
1/1/2025

Quarter End Date  
3/31/2025

Report Status  
Filed

### Details

#### Information

Account Division Period Name  
PFML - 2025/Q1

Account Division  
PFML-1004798

Period Due Date  
4/30/2025

Period Begin Date  
1/1/2025

Report Filing Date  
3/18/2025

Report Filed By  
 Paula Trainer

#### Financial Summary

Balance Due  
\$47.00

Payment Amount  
\$1.00

Tax Liability Amount  
\$48.00

### Paid Leave – Account Division Period Details

## Rates

The **Rates** section on the **Account Division** page shows a history and summary of contribution rates. To view a specific rating's details, select the 'Employer Rate ID' for the rate you wish to view.

Report Summary **Rates**

| Employer Rates (1)       |                |                |               |
|--------------------------|----------------|----------------|---------------|
| Employer Rate ID         | Effective Date | Parental Leave | Medical Leave |
| ER-00000197              | 1/1/2025       | 0.32%          | 0.40%         |
| <a href="#">View All</a> |                |                |               |

### Paid Leave – Rates

 Employer Rate  
ER-00001853

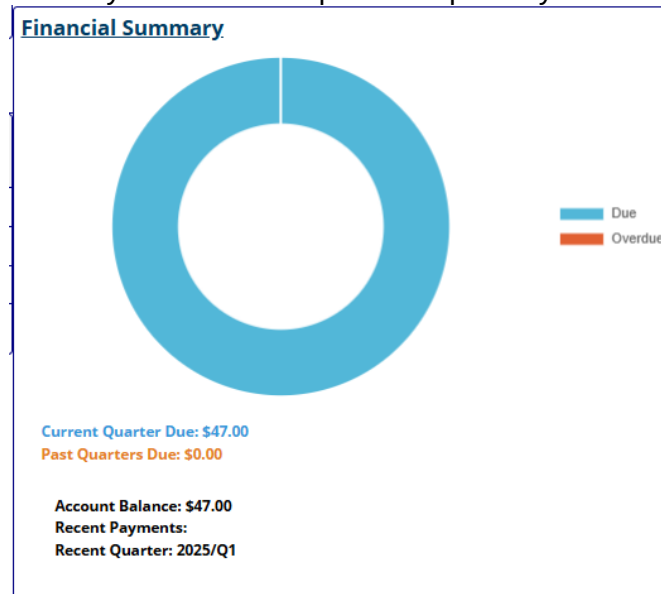
## Details

|                                                                                                                                    |                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Employer Rate ID<br>ER-00001853                                                                                                    | Effective Date<br>4/1/2024                                                                                                               |
| Parental Leave<br>0.32%                                                                                                            |                                                                                                                                          |
| Medical Leave<br>0.40%                                                                                                             |                                                                                                                                          |
| Family Care<br>0.08%                                                                                                               |                                                                                                                                          |
| Created By<br> Larry Pangolin, 7/22/2025, 3:00 PM | Last Modified By<br> Larry Pangolin, 7/22/2025, 3:00 PM |

## Paid Leave – Rate Details

## Financial Summary

This section shows a summary of current and past due quarterly contributions.



## Financial Summary

## Action Items

Actions Items dynamically display on the Account Division screen to notify the employer of available actions specifically related to Paid Leave. Appeals

## File an Appeal

The first Action Item available to the employer is to 'File an Appeal'. If an employer disagrees with the Delaware Department of Labor's (DeDOL) decision, they can file an appeal. Appealable items include: Use of Private Plan, Contribution Calculation, Required Paid Leave Coverage, Interest and Penalties, and Violation of Act.

To begin the process, select 'File an Appeal' under 'Action Items'.

The 'Items Available to Appeal' screen is the first screen presented in this process. Both fields contain a drop down menu. The first question asks employers to select the 'Appealable Item'. As previously mentioned, the appealable items include: Use of Private Plan, Contribution Calculation, Required Paid Leave Coverage, Interest and Penalties, and Violation of Act. This is a required field and must be completed in order to continue with the appeal filing process.

# Employer LaborFirst User Guide

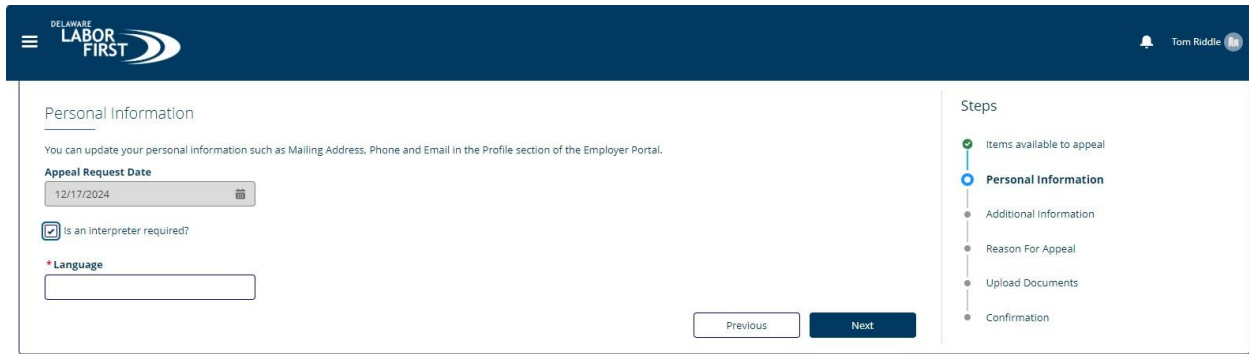
Next, the employer is asked to select the ‘Document Under Appeal’. Documents display dynamically based on available documents to appeal. This list will not display any notices where an active appeal exists, or any documents with creation dates greater than a year old.

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



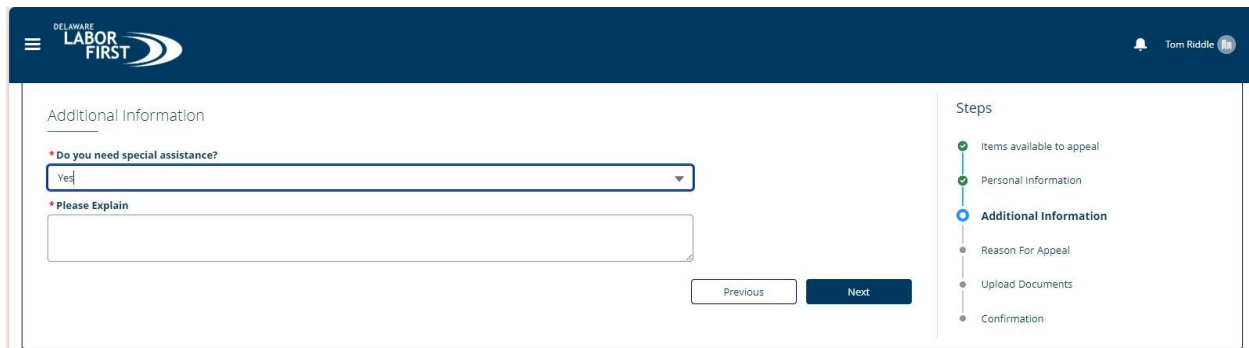
## Items Available to Appeal Screen

The ‘Personal Information’ screen allows the employer to indicate if an interpreter is required. Upon selecting the check box to indicate that an interpreter is required for the appeals process, a ‘Language’ field dynamically displays, allowing the employer to enter the desired language. Upon making selections, select **Next**.



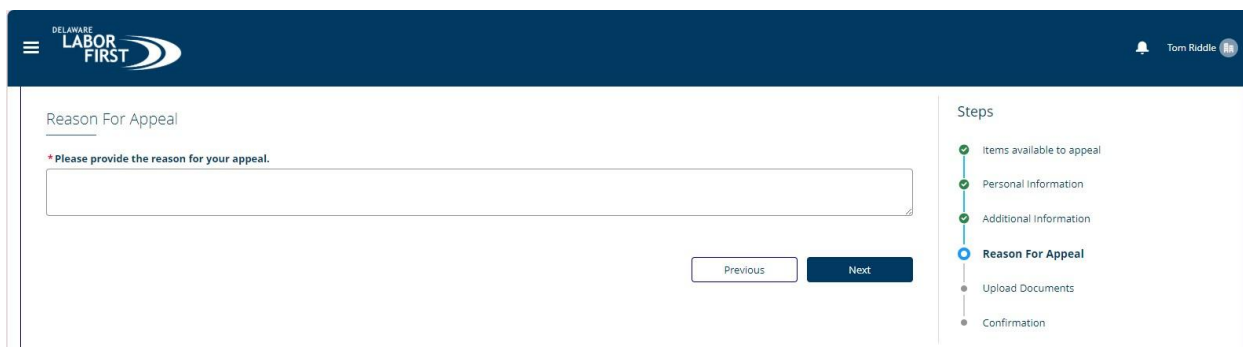
## Personal Information Screen

The 'Additional Information' screen asks the employer if they need special assistance. If they select 'Yes', an additional text box populates asking the employer to provide more information regarding the assistance required. Enter the requisite information and select **Next**.



## Additional Information Screen

The 'Reason for Appeal' screen provides a text field that allows the employer to provide context regarding the circumstances for the appeal. Enter as much information needed to paint a full picture of the situation, then select **Next**.



**Reason for Appeal Screen**

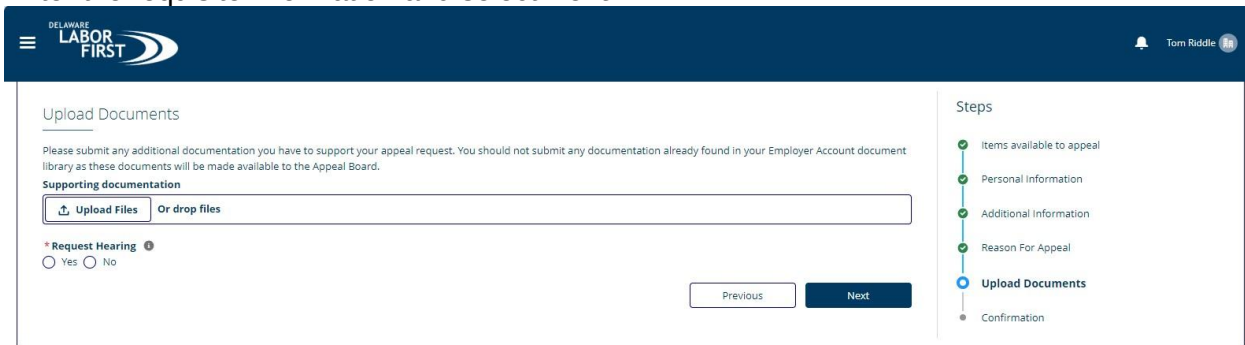
The 'Upload Documents' screen is used to submit documentation to support the appeal. Utilize the 'Supporting Documentation' field and select either 'Upload Files' or 'Drop Files' to provide additional documentation. Though this step is not required, it is recommended that the employer upload any relevant documentation that will support the appeal. These documents will vary

# Employer LaborFirst User Guide

depending on the nature of the appeal, but may include private plan documents, wage and hour reports, calculation invoices, etc.

Additionally, this screen contains the 'Request Hearing' field. If the employer selects **Yes**, the Appeals Staff will move forward with scheduling a hearing. However, if the employer selects **No**, the appeal will be decided based solely on the information provided in this process, as indicated by the help text.

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



**Upload Documents Screen**

The 'Confirmation' screen is displayed upon the successful submission of an appeal request. It contains the confirmation number, date and time the request was submitted. Review the information and select **Finish**.





Confirmation Screen

Appeal Screen

## Employer LaborFirst User Guide

Employers can view Appeal Details by navigating to the 'Appeal' screen from the 'Account Division Screen'. First, select the 'Docket ID' under the Appeals Section.

**Account Division**  
PFML-1000525

Account: Tom's Riddle Shop | Registration Date: 12/13/2024, 8:06 AM | Registration Status: Registered

**Lines of Coverage (3)**

| Line of Coverage ID | Line of Coverage                        | Line of Coverage Status            | Effective Date |
|---------------------|-----------------------------------------|------------------------------------|----------------|
| LOC-00768           | Parental Leave                          | Delaware Paid Leave                | 1/1/2026       |
| LOC-00769           | Medical Leave                           | Delaware Paid Leave                | 1/1/2026       |
| LOC-00770           | Family Caregiver/Qualified Exigency ... | Private Insurance Pending Approval |                |

**Action Items**

- File an Appeal
- Make A Payment

**Employee Classification** | **Appeals**

Employee Classifications (0) [New]

**Report Summary** | Rates

Account Division Periods (0)

**Account Periods** | Contribution

**Notes & Attachments (2)**

| Title                           | Type | Created By | Last Modified       |
|---------------------------------|------|------------|---------------------|
| Voluntary Enrollment in the ... | File | Tom Riddle | 12/13/2024, 8:06 AM |
| Confirming Employer Privat...   | File | Tom Riddle | 12/13/2024, 8:06 AM |

### Account Division Screen: Appeals Section

The 'Appeal' Screen contains additional details from the Appeal Request. All fields on this screen are read-only. When a hearing has been scheduled, the hearing record populates.

## Appeal Screen

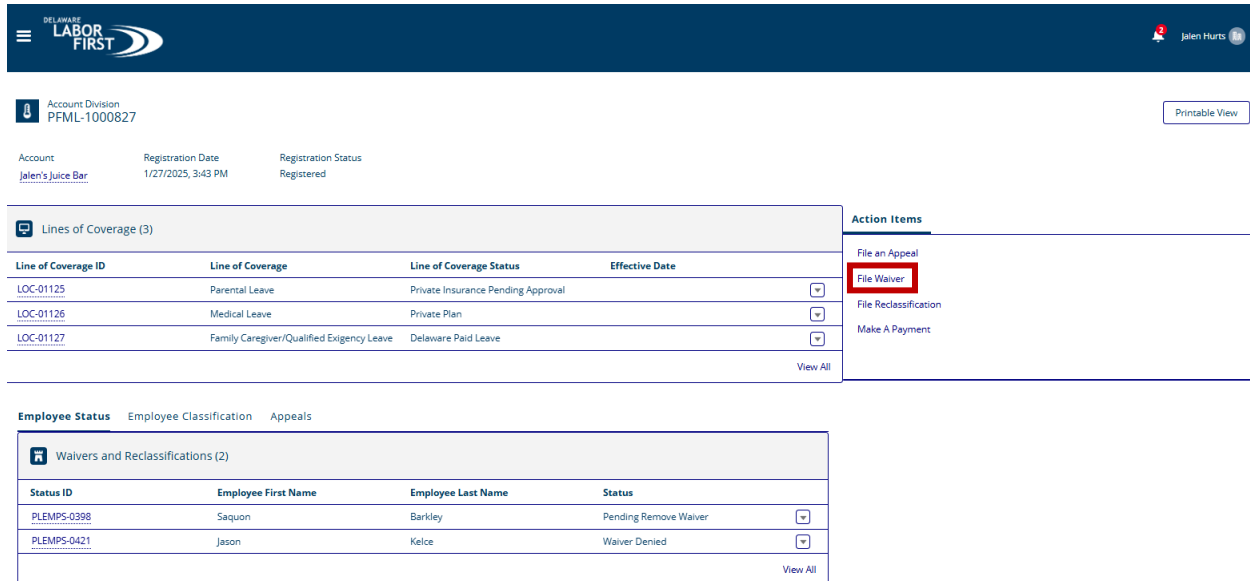
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# Employer LaborFirst User Guide

## File a Waiver

The next action item available from the 'Account Division' screen is 'File Waiver'. The Waiver Form is used to remove an employee's contributions towards the Delaware Paid Leave Plan when the employee is not expected to meet the eligibility requirements for the program. If the conditions of their employment change, employees can have their waiver removed and join the Delaware Paid Leave program.

The process begins in LaborFirst on the 'Account Division' screen. Select 'File Waiver' from the list of Action Items.



Account Division  
PFML-1000827

Printable View

Account: Jalen's Juice Bar  
Registration Date: 1/27/2025, 3:43 PM  
Registration Status: Registered

Lines of Coverage (3)

| Line of Coverage ID | Line of Coverage                          | Line of Coverage Status            | Effective Date |
|---------------------|-------------------------------------------|------------------------------------|----------------|
| LOC-01125           | Parental Leave                            | Private Insurance Pending Approval |                |
| LOC-01126           | Medical Leave                             | Private Plan                       |                |
| LOC-01127           | Family Caregiver/Qualified Exigency Leave | Delaware Paid Leave                |                |

View All

Employee Status Employee Classification Appeals

Waivers and Reclassifications (2)

| Status ID   | Employee First Name | Employee Last Name | Status                |
|-------------|---------------------|--------------------|-----------------------|
| PLEMPS-0398 | Saquon              | Barkley            | Pending Remove Waiver |
| PLEMPS-0421 | Jason               | Kelce              | Waiver Denied         |

View All

Action Items

- File an Appeal
- File Waiver**
- File Reclassification
- Make A Payment

## Account Division Screen

The Waiver Form consists of three sections: 'Employee Information', 'Employment Information', and 'Employer Information'.

The 'Employee Information' section asks the Employer to enter the following:

- Employee First Name
- Last Name
- SSN / ITIN
- Indicate if the Employee is under 16 years of age
  - If it is indicated that the Employee is under 16 years of age, the Employer is asked to provide the Employee's Date of Birth as well as the Parent/Guardian's Email Address so they can electronically sign on the Employee's behalf
  - However, if the Employee is over 16 years of age, an additional field will populate to provide the Employee's Email Address

The 'Employment Information Section' asks the Employer to enter the following:

- The average number of hours expected to work
- Reason for Waiver
- If the cost of the program is shared with the employees
  - If the Employer indicates that the cost of the program is shared with employees, than the Employee's electronic signature is required to complete the process.

## Employer LaborFirst User Guide

The Employee will receive an email containing a link to complete the electronic signature process once the Employer has submitted the Waiver Form in LaborFirst.

Lastly, the 'Employer Information' section asks the Employer to enter the following:

- Signer Name
- Employer Email

Upon entering the requisite information, select 'Finish'.

**Add Employee Waiver**

A waiver is used to exclude an employee from participation in the Delaware Paid Leave program. To be eligible for a Waiver, the employee must meet one of the following: (1) expected to work, on average, less than 25 hours/week; or (2) expected to work less than 12 months for this employer. To request a Waiver, please complete the following information. If the employee is contributing to the cost of the program, the employee will receive an email that must be signed electronically for the waiver to be processed. A waiver is retroactive to the first day of the quarter in which it was completed.

**PLEASE NOTE: DO NOT FILE A WAIVER IF YOU HAVE A PRIVATE PLAN (e.g. self-insured or private insurance policy).**

▼ **Employee Information**

\* First Name

\* Last Name

\* Employee SSN

\* Is the Employee under 16 years of age?

☐ Yes

☐ No

▼ **Employment Information**

\* Average number of hours worked/ expected to work per week

\* Reason for Waiver :

☐ This employee works or is expected to work less than 25 hours per week on average.

☐ This job is temporary and is expected to last less than 12 months.

☐ This employee does not wish to participate in the Delaware Paid Leave insurance program.

\* Do you share the cost of this program with your employees?

☐ Yes

☐ No

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief. By selecting "Finish" I acknowledge that my electronic signature will be added to the Waiver.

▼ **Employer Information**

\* Signer Name

\* Employer Email

**Finish**

### Add Employee Waiver Window

After the Waiver Form has been submitted in LaborFirst, the Employee is sent an email containing a link to complete the electronic signature process. Recall that an electronic signature is only required by the Employee if the Employer indicated that the cost of the program is shared.

Additionally, please note that an Employee can refuse to sign the Waiver if they believe they should still be enrolled in their Employer's Delaware Paid Leave plan. If the Employee refuses to sign the Waiver, the Waiver status will be updated to 'Waiver Refused' in the Employer Portal.

Select 'Click here to Sign' begin the electronic signature process.

There is a waiver request from Jalen's Juice Bar to exclude you, Saquon Barkley, from the Delaware Paid Leave program because based upon the terms of your employment, you are not expected to be eligible for benefits. **You are required to sign the waiver form to complete the process.** Please open the link to the e-signature form and follow the instructions to provide your signature.

Click [here](#) to find out more about the Delaware Paid Leave program.

[Click Here to Sign](#)

## Electronic Signature Invitation Email

First, Employees are asked to verify their email by entering a Verification Code. The Verification Code will be sent to the Employee via email and should be entered on the initial screen displayed below.



This is an E-Signature request from Jalen Hurts (tyrique.ortiz56703@bhuxp.org).

There are 1 documents in this request. This is document 1 of 1.

This E-Signature request is intended for the owner of the following email address:  
jersee.philipps@inboxorigin.com

A temporary 6-digit verification code has been sent to this email. Enter the code below to verify your identity.

If you didn't receive an email, please check your spam folder. To send the email again, refresh the page.

# 711424

---

By continuing, you are consenting to do business electronically.

☒ I consent to doing business electronically.

Continue

## Electronic Signature Verification Code

## Employer LaborFirst User Guide

Next, the Waiver Form is displayed for Employees to review. Upon reviewing the information, select 'Sign Here'.

### Employee Electronic Signature Waiver Form

Employees have the option to draw their signature, or, select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.

### Employee Electronic Signature

Next, the Employee will enter their Name, and select 'Submit'.

# Employer LaborFirst User Guide

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.

Employee's Signature: Suzanne Berley Date Signed: 02/13/2025

Employee's Signature: Suzanne Berley Date Signed: 02/13/2025

\*Print Employee's Name: Suzanne Berley

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 (Required if Employee is under 18 years of age)

\*Print Parent/Guardian Name: \_\_\_\_\_

**Waiver Eligibility and Instructions**

An employee and employer may opt to file a waiver of the payroll contributions required by the Healthy Delaware Families Act (the "Act") when an employee's work schedule or length of employment is not expected to meet the requirements for eligibility for family and medical leave benefits. When an employee is not expected to meet the requirements for eligibility under the Act, an employer must provide the employee with notice of their eligibility status. A valid waiver constitutes notice as provided by the Act, 19 Del. C. §3705(k).

To be eligible for paid family and medical leave benefits under the Act, an employee must be employed for at least:

- (1) 12 months by the employer with respect to whom leave is requested; and
- (2) 1,250 hours of service with the employer during the previous 12-month period.

19 Del. C. §3701.

An employee shall be provided the option to file a Waiver of family and medical leave benefits if:

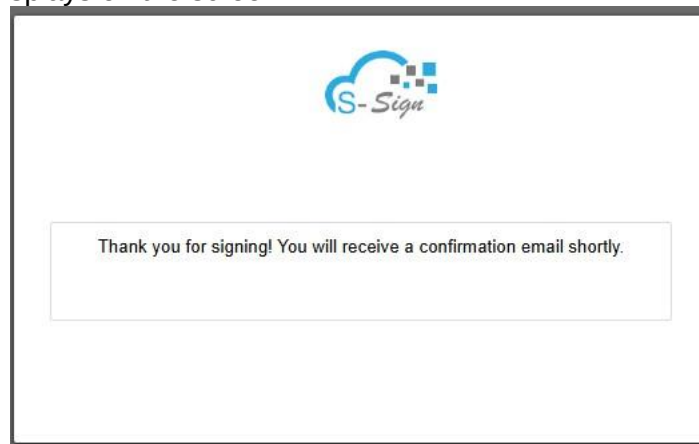
- (1) an employee's regular work schedule averages less than 28 hours per week; or
- (2) an employee is expected to work for less than 12 months with this employer.

19 Del. Admin. C. §1401-6.8.

DPL WAIVERCV1 6.24 | If you need assistance, contact the Division of Paid Leave at (302) 761-8375

## Employee Electronic Signature Waiver Form

Once the Waiver Form has been electronically signed and completed by the Employee, the following message displays on the screen.



## Employee Electronic Signature Success Message

## Waiver Screen

Employers can view Waiver Details by navigating to the 'Employee Status' section from the 'Account Division Screen'. The 'Status' field displays the current state of the Waiver Form.

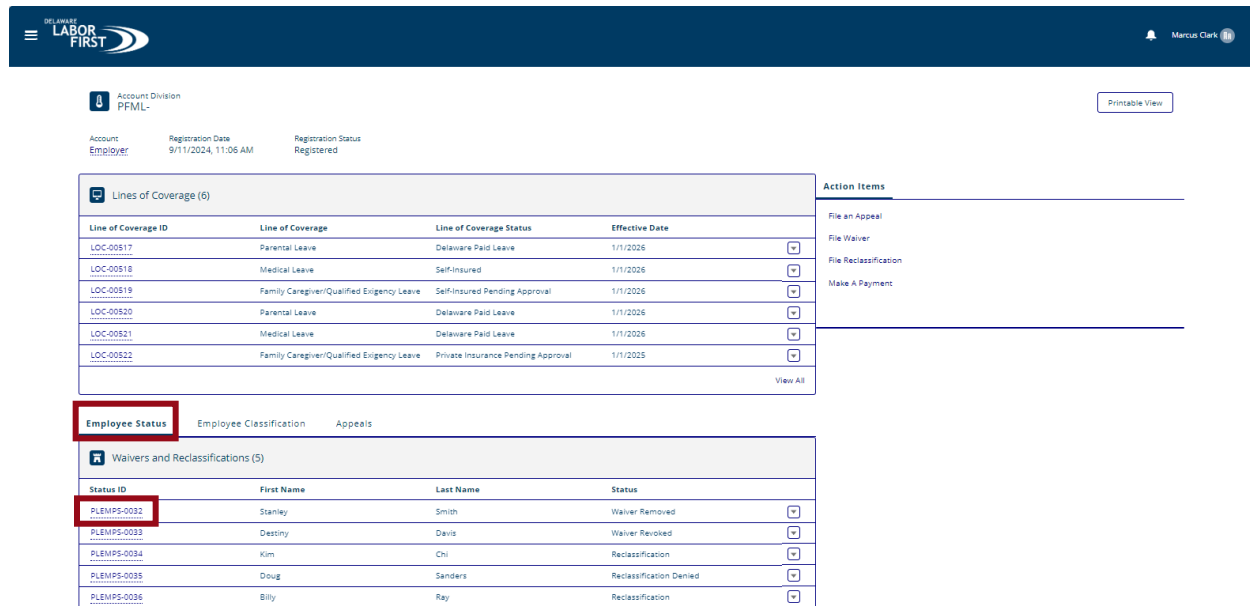
The Waiver Statuses are as follows:

- **Pending Waiver:**
  - Waiver Form completed in LaborFirst
  - However, the Waiver Form is pending because the electronic signature has not been completed by the employee
- **Waiver:**
  - Waiver Form has been approved
  - The employee has completed the electronic signature process if required



# Employer LaborFirst User Guide

- **Waiver Denied:**
  - Waiver form has been denied because the employee does not meet the requirements for a waiver
- **Waiver Refused:**
  - The Employee refused to sign the Waiver Form



**Account Division PFML**

Account: Employer Registration Date: 9/11/2024, 11:06 AM Registration Status: Registered

**Lines of Coverage (6)**

| Line of Coverage ID | Line of Coverage                          | Line of Coverage Status            | Effective Date |
|---------------------|-------------------------------------------|------------------------------------|----------------|
| LOC-00517           | Parental Leave                            | Delaware Paid Leave                | 1/1/2026       |
| LOC-00518           | Medical Leave                             | Self-Insured                       | 1/1/2026       |
| LOC-00519           | Family Caregiver/Qualified Exigency Leave | Self-Insured Pending Approval      | 1/1/2026       |
| LOC-00520           | Parental Leave                            | Delaware Paid Leave                | 1/1/2026       |
| LOC-00521           | Medical Leave                             | Delaware Paid Leave                | 1/1/2026       |
| LOC-00522           | Family Caregiver/Qualified Exigency Leave | Private Insurance Pending Approval | 1/1/2025       |

**Action Items**

- File an Appeal
- File Waiver
- File Reclassification
- Make A Payment

**Employee Status** Employee Classification Appeals

**Waivers and Reclassifications (5)**

| Status ID   | First Name | Last Name | Status                  |
|-------------|------------|-----------|-------------------------|
| PLEMPS-0032 | Stanley    | Smith     | Waiver Removed          |
| PLEMPS-0033 | Destiny    | Davis     | Waiver Revoked          |
| PLEMPS-0034 | Kim        | Chi       | Reclassification        |
| PLEMPS-0035 | Doug       | Sanders   | Reclassification Denied |
| PLEMPS-0036 | Billy      | Ray       | Reclassification        |

## Account Division Screen: Employee Status Section

Select the 'Status ID' associated with the desired waiver record to navigate to the 'Waiver Record' Screen.

The following screen displays the Waiver Record when the status is set to 'Waiver Denied'. Please note that there are no 'Action Items' available, and the 'Waiver Denial Letter' has been uploaded to the 'Notes and Attachments' section. When the Waiver is denied, the Employee remains enrolled in the Employer's Delaware Paid Leave Plan.

 Employee Waiver / Classification  
PLEMPS-0421

## Details

## Action Items

### Overview

Status

Waiver Denied

End Date

Effective Date

### Employee Information

Employee First Name

Jason

SSN

XXX-XX-1111

Employee Last Name

Kelce

Signer Email

gobirds2025@gmail.com

### Employment Information

Average No. of Hours Expected Per Week

12.0

Temporary Job

Reason for Waiver

This employee does not wish to participate in the Delaware Paid Leave Insurance program.

Temporary Job Expected End Date

Shared Cost

No

### Signer Information

Employer Name

Jalen Hurts

## Notes & Attachments (1)

| Title                                                                                                 | Type | Created By  | Last Modified      |
|-------------------------------------------------------------------------------------------------------|------|-------------|--------------------|
|  Waiver Denial.pdf | File | Jalen Hurts | 2/14/2025, 1:07 PM |

[View All](#)

## Waiver Record: Waiver Denied

## Employer LaborFirst User Guide

Alternatively, the screen below displays the Waiver Record when the Waiver is approved. The status is set to 'Waiver' to indicate that the employee was removed from the Delaware Paid Leave Plan. Additionally, a 'Waiver Approved Letter' and a copy of the Signed Waiver Form are uploaded to the record.

Employee Waiver / Classification  
PLEMPS-0398

Details

Action Items

Overview

Status

Waiver

Effective Date

2/13/2025

End Date

Employee Information

Employee First Name

Saquon

Employee Last Name

Barkley

SSN

XXX-XX-0000

Signer Email

jersee.phillips@inboxorigin.com

Employment Information

Average No. of Hours Expected Per Week

40.0

Reason for Waiver

This job is temporary and is expected to last less than 12 months.

Temporary Job

Yes

Temporary Job Expected End Date

8 months

Shared Cost

Yes

Signer Information

Employer Name

Jalen Hurts

Remove Waiver

Notes & Attachments (2)

| Title                  | Type | Created By                  | Last Modified       |  |
|------------------------|------|-----------------------------|---------------------|--|
| Waiver Approval Fin... | File | Laborforce System           | 2/13/2025, 12:39 PM |  |
| Signed Waiver Form...  | File | S-Sign Site Site Guest User | 2/13/2025, 12:35 PM |  |

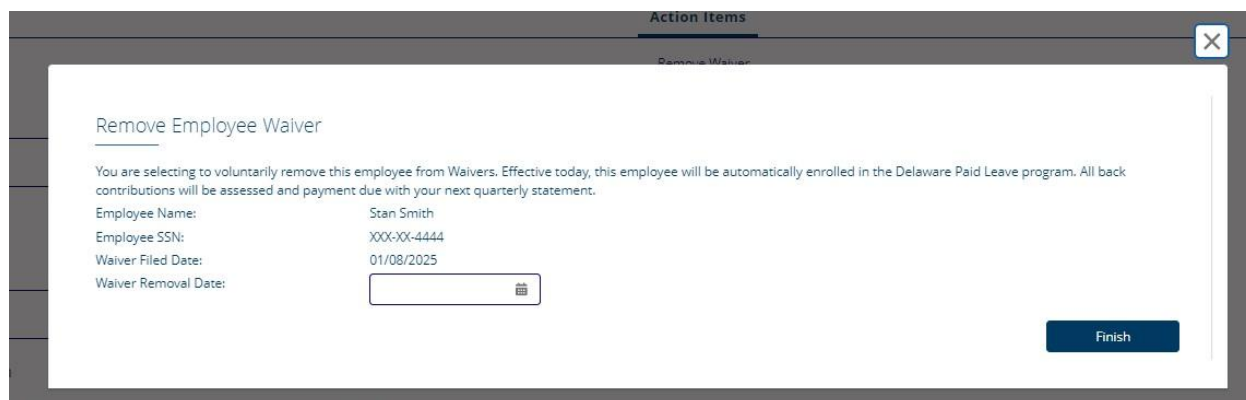
View All

### Waiver Approved Screen

## Remove Employee Waiver

If the conditions of their employment change, employees can be taken off waivers to rejoin the Delaware Paid Leave program. The Remove Waiver process is three-fold: Complete 'Remove Employee Waiver' in LaborFirst, Employer provides electronic signature, and the Employee provides electronic signature.

Select 'Remove Waiver' under the 'Action Items' to begin the process. The Employer is asked to enter the 'Waiver Removal Date' and select 'Finish'.

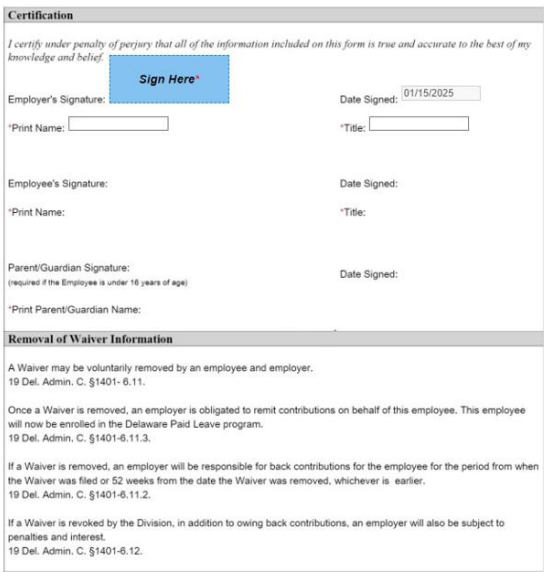


**Remove Employee Waiver Window**

After the Remove Waiver Form has been submitted in LaborFirst, both the employer and the employee must electronically sign to complete the process. The Employer receives an email containing a link to complete the electronic signature first.

## Employer LaborFirst User Guide

The Employer will select the link in the email to begin the electronic signature process. Review the information provided in the document, and select 'Sign Here'.



**Certification**

*I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.*

**Sign Here\***

Employer's Signature: \_\_\_\_\_ Date Signed: 01/15/2025  
 \*Print Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 \*Print Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 (required if the Employee is under 16 years of age)  
 \*Print Parent/Guardian Name: \_\_\_\_\_

**Removal of Waiver Information**

A Waiver may be voluntarily removed by an employee and employer.  
 19 Del. Admin. C. §1401-6.11.

Once a Waiver is removed, an employer is obligated to remit contributions on behalf of this employee. This employee will now be enrolled in the Delaware Paid Leave program.  
 19 Del. Admin. C. §1401-6.11.3.

If a Waiver is removed, an employer will be responsible for back contributions for the employee for the period from when the Waiver was filed or 52 weeks from the date the Waiver was removed, whichever is earlier.  
 19 Del. Admin. C. §1401-6.11.2.

If a Waiver is revoked by the Division, in addition to owing back contributions, an employer will also be subject to penalties and interest.  
 19 Del. Admin. C. §1401-6.12.

DPL-REMOVAL OF WAIVER(V1 6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

### Remove Waiver Employer Certification

The Employee has the option to draw their signature, or, select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.



**S-Sign** Clear

*Thriving Employer*

☒ Text-To-Signature ⓘ

Thriving Employer

Cancel Adopt Signature & Go To Next Input

### Employer Electronic Signature

## Employer LaborFirst User Guide

From there, the Employer will enter their name and select 'Submit' in the top right corner of the screen.

### Remove Waiver Employer Certification

Once the Waiver Form has been electronically signed and completed by the Employee, the following message displays on the screen.



### Employer Electronic Signature Success Message

After the Remove Waiver Form has been electronically signed by the employer, the employee is sent an email containing a link to electronically sign the Remove Waiver Form to complete the process. Similar to the Employer, the Employee will select the link in the email to begin the electronic signature process. Review the information provided in the document, and select 'Sign Here'.

# Employer LaborFirst User Guide

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.

Employer's Signature: *Thriving Employer* Date Signed: 01/15/2025

\*Print Name: Thriving Employer \*Title: CEO

Employee's Signature: *Sign Here* Date Signed: 01/15/2025

\*Print Name: \*Title:

Parent/Guardian Signature: (required if the Employee is under 18 years of age) Date Signed:

\*Print Parent/Guardian Name:

**Removal of Waiver Information**

A Waiver may be voluntarily removed by an employee and employer.  
19 Del. Admin. C. §1401-6.11.

Once a Waiver is removed, an employer is obligated to remit contributions on behalf of this employee. This employee will now be enrolled in the Delaware Paid Leave program.  
19 Del. Admin. C. §1401-6.11.3.

If a Waiver is removed, an employer will be responsible for back contributions for the employee for the period from when the Waiver was filed or 52 weeks from the date the Waiver was removed, whichever is earlier.  
19 Del. Admin. C. §1401-6.11.2.

If a Waiver is revoked by the Division, in addition to owing back contributions, an employer will also be subject to penalties and interest.  
19 Del. Admin. C. §1401-6.12.

DPL-REMOVAL OF WAIVER(V1 6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

## Remove Waiver Employee Certification

The Employee has the option to draw their signature, or, select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.

*S-Sign* Clear

*Jane Doe*

☒ Text-To-Signature

Jane Doe

Cancel Adopt Signature & Go To Next Input

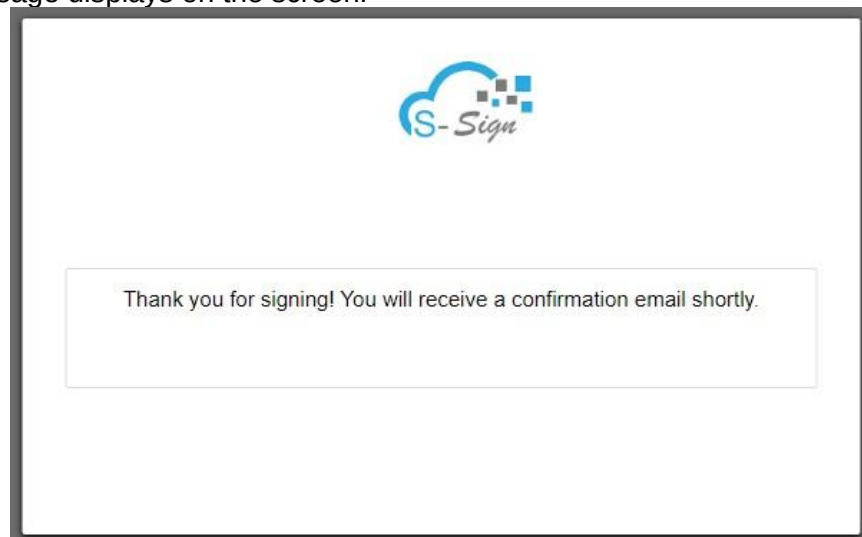
## Employee Electronic Signature

## Employer LaborFirst User Guide

From there, the Employee will enter their name and select 'Submit' in the top right corner of the screen.

### Remove Waiver Employee Certification

Once the Waiver Form has been electronically signed and completed by the Employee, the following message displays on the screen.



### Employee Electronic Signature Success Message

Upon successful completion of the Remove Waiver process, the Waiver Status will display as 'Waiver Removed' in LaborFirst and the appropriate correspondences will upload to the account.



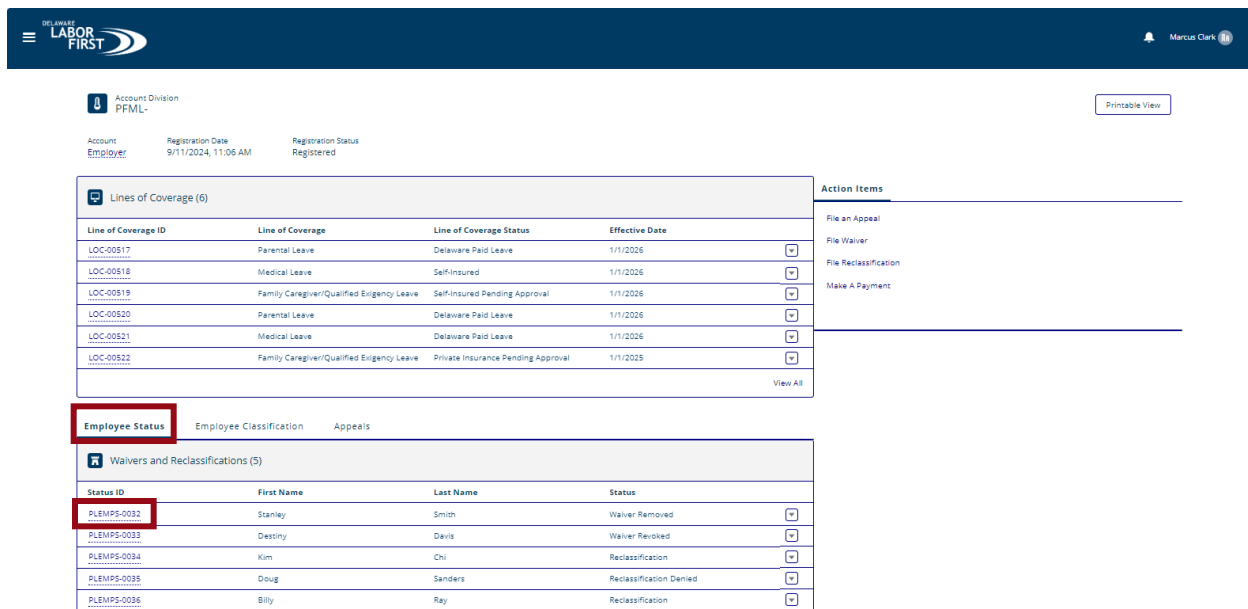
# Employer LaborFirst User Guide

## Waiver Removed Screen

Employers can view Waiver Details by navigating to the 'Employee Status' section from the 'Account Division Screen'. The 'Status' field displays the current state of the Waiver Form.

The Remove Waiver Statuses are as follows:

- **Pending Waiver Removed:**
  - 'Remove Waiver Form' completed in LaborFirst
  - However, the Remove Waiver Form is pending because the electronic signature has not been completed by the employer and/or employee
- **Waiver Removed:**
  - Waiver Form has been removed
  - Both the employer and the employee have completed the electronic signature process



| Line of Coverage ID | Line of Coverage                           | Line of Coverage Status            | Effective Date |
|---------------------|--------------------------------------------|------------------------------------|----------------|
| LOC-00517           | Parental Leave                             | Delaware Paid Leave                | 1/1/2026       |
| LOC-00518           | Medical Leave                              | Self-Insured                       | 1/1/2026       |
| LOC-00519           | Family Caregiver/Qualified Emergency Leave | Self-Insured Pending Approval      | 1/1/2026       |
| LOC-00520           | Parental Leave                             | Delaware Paid Leave                | 1/1/2026       |
| LOC-00521           | Medical Leave                              | Delaware Paid Leave                | 1/1/2026       |
| LOC-00522           | Family Caregiver/Qualified Emergency Leave | Private Insurance Pending Approval | 1/1/2025       |

| Status ID   | First Name | Last Name | Status                  |
|-------------|------------|-----------|-------------------------|
| PLEMPS-0032 | Stanley    | Smith     | Waiver Removed          |
| PLEMPS-0033 | Destiny    | Devils    | Waiver Revoked          |
| PLEMPS-0034 | Kim        | Chi       | Reclassification        |
| PLEMPS-0035 | Doug       | Sanders   | Reclassification Denied |
| PLEMPS-0036 | Billy      | Ray       | Reclassification        |

### Account Division Screen: Employee Status Section

Select the 'Status ID' associated with the desired waiver record to navigate to the 'Waiver Record' Screen.

## Employer LaborFirst User Guide

After the Remove Waiver Form has been electronically signed by the employer and the employee, the Waiver status is updated to 'Waiver Removed'. Additionally, the 'Removal of Waiver Letter' and the Signed Remove Waiver Form are uploaded to the record.

 Employee Waiver / Classification  
PLEMPS-0777

| Details                                                                                                                                                                                                                                                                                                                                                                                                                                     | Action Items |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <div>Overview</div> <div> <div>Status</div> <div>Waiver Removed</div> </div> <div> <div>Effective Date</div> <div>1/15/2025</div> </div> <div> <div>End Date</div> <div>1/15/2025</div> </div>                                                                                                                                                                                                                                              |              |
| <div>Employee Information</div> <div> <div>Employee First Name</div> <div>Christopher</div> </div> <div> <div>Employee Last Name</div> <div>Robins</div> </div> <div> <div>SSN</div> <div>XXX-XX-8240</div> </div>                                                                                                                                                                                                                          |              |
| <div>Employment Information</div> <div> <div>Average No. of Hours Expected Per Week</div> <div>23</div> </div> <div> <div>Reason for Waiver</div> <div>This employee works or is expected to work less than 24 hours per week on average:</div> </div> <div> <div>Temporary Job</div> <div><input type="checkbox"/></div> </div> <div> <div>Temporary Job Expected End Date</div> </div> <div> <div>Shared Cost</div> <div>Yes</div> </div> |              |
| <div>Signer Information</div> <div> <div>Employer Name</div> <div>test</div> </div>                                                                                                                                                                                                                                                                                                                                                         |              |

| Notes & Attachments (4)                                                                                     |      |                             |                     |                                                                                     |
|-------------------------------------------------------------------------------------------------------------|------|-----------------------------|---------------------|-------------------------------------------------------------------------------------|
| Title                                                                                                       | Type | Created By                  | Last Modified       |                                                                                     |
|  Removal of Waiver L...  | File | goyal ashish                | 1/15/2025, 12:21 PM |  |
|  Signed Remove Walv...   | File | S-Sign Site Site Guest User | 1/15/2025, 12:18 PM |  |
|  Waiver Approval Lett... | File | goyal ashish                | 1/15/2025, 12:12 PM |  |
|  Signed Waiver Form....  | File | S-Sign Site Site Guest User | 1/15/2025, 12:10 PM |  |
| View All                                                                                                    |      |                             |                     |                                                                                     |

### Waiver Removed Screen

## File Reclassification

Reclassification Forms allow telecommuting employees or employees who are temporarily assigned out of state to join their employers' Delaware Paid Leave Plan. The Reclassification Form process is three-fold: Complete Reclassification Form in LaborFirst, Employer provides electronic signature, and Employee provides electronic signature.

Select 'File Reclassification' from the 'Action Items' on the 'Account Division' screen to begin this process.

The 'Reclassify Employee' form in LaborFirst asks Employers to enter Employee Information, Employment Information, Employer Information, and select 'Finish'.

The 'Employee Information' section asks the Employer to enter the following information:

- Employee First Name
- Employee Last Name
- Employee SSN / ITIN
- If Employee is under 16 years of age
  - Please note: if it is indicated that the Employee is under 16 years of age, the Employer is asked to provide the Employee's Date of Birth as well as the Parent/Guardian's Email Address so they can electronically sign on the Employee's behalf

The 'Employment Information' section asks the Employer to provide:

- Date of Hire
- Date the employee was originally enrolled in the Delaware Paid Leave Plan
- If the employee telecommutes / works from home
  - If 'yes' is selected, an additional question populates asking the Employer to report the average number of days the Employee works from home
- If the employee is temporarily assigned out of state
  - If 'yes' is selected, the Employer is asked to provide the expected end date for the assignment
- If the employee is subject to another state's paid family and medical leave program
  - If 'Yes' is selected, the Reclassification Form is automatically denied and the status is set to 'Reclassification Denied' in LaborFirst
- Reason for reclassifying the employee

The final section on the screen is 'Employer Information'. Here, the Employer provides the following:

- Signer name
- Employer email
- Employer phone number
- Indicates if they are self-employed

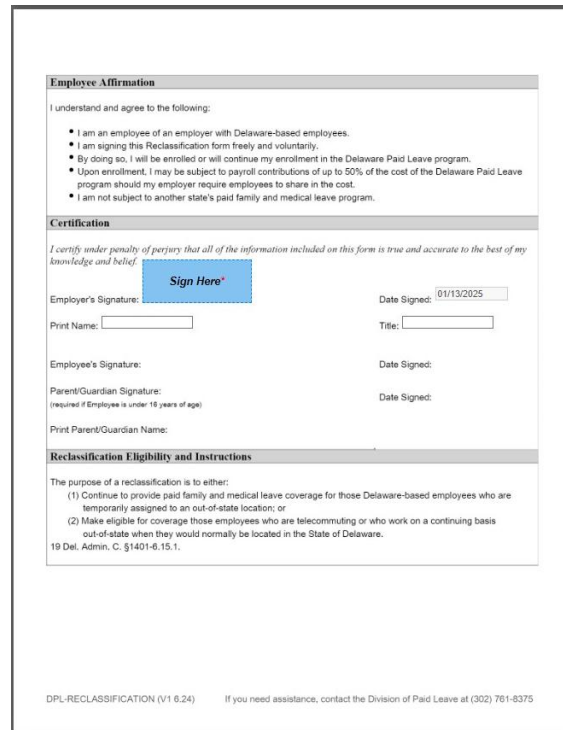
Enter the requisite information and select 'Finish'.

## Reclassification Window

After the Reclassification Form has been submitted in LaborFirst, both the Employer and the Employee must electronically sign the form to complete the process. The Employer receives an email containing a link to complete the electronic signature first.

## Employer LaborFirst User Guide

Select the link in the email to begin the electronic signature process. Review the information provided in the document, and select 'Sign Here'.



**Employee Affirmation**

I understand and agree to the following:

- I am an employee of an employer with Delaware-based employees.
- I am signing this Reclassification form freely and voluntarily.
- By doing so, I will be enrolled or will continue my enrollment in the Delaware Paid Leave program.
- Upon enrollment, I may be subject to payroll contributions of up to 50% of the cost of the Delaware Paid Leave program should my employer require employees to share in the cost.
- I am not subject to another state's paid family and medical leave program.

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.

**Sign Here\***

Employer's Signature: \_\_\_\_\_ Date Signed: 01/13/2025

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(required if Employee is under 18 years of age)

Print Parent/Guardian Name: \_\_\_\_\_

**Reclassification Eligibility and Instructions**

The purpose of a reclassification is to either:

- (1) Continue to provide paid family and medical leave coverage for those Delaware-based employees who are temporarily assigned to an out-of-state location; or
- (2) Make eligible for coverage those employees who are telecommuting or who work on a continuing basis out-of-state when they would normally be located in the State of Delaware.

19 Del. Admin. C. §1401-6.15.1.

DPL-RECLASSIFICATION (V1 6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

### Employer Electronic Signature Reclassification Form

The Employer has the option to draw their signature, or, select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.



**S-Sign** Clear

*Jonathan Jones*

☒ Text-To-Signature

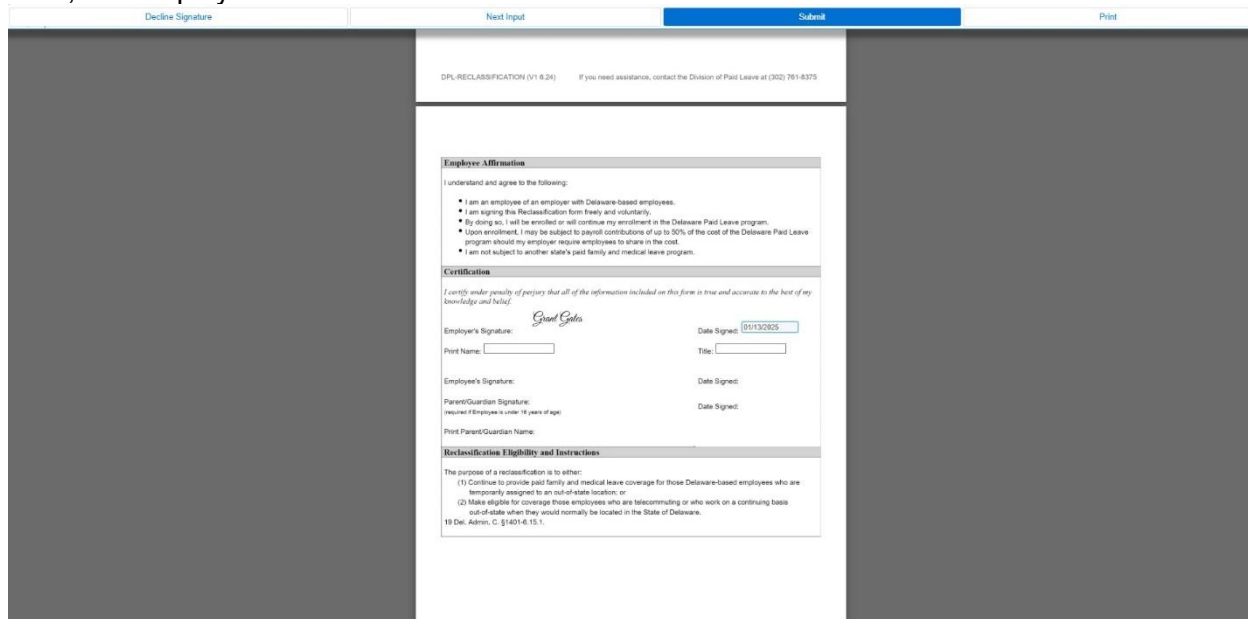
Jonathan Jones

Cancel Adopt Signature & Go To Next Input

### Employer Electronic Signature

## Employer LaborFirst User Guide

Next, the Employer will enter their Name and select 'Submit'.



DPL RECLASSIFICATION (v11.8.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

**Employee Affirmation**

I understand and agree to the following:

- I am an employee of an employer with Delaware-based employees.
- I am signing this Reclassification Form freely and voluntarily.
- By doing so, I will be enrolled or will continue my enrollment in the Delaware Paid Leave program.
- Upon enrollment, I may be subject to payroll contributions of up to 50% of the cost of the Delaware Paid Leave program should my employer require employees to share in the cost.
- I am not subject to another state's paid family and medical leave program.

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.

Employer's Signature: *Grant Gato* Date Signed: 09/13/2025

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian Signature: (required if Employee is under 18 years of age) Date Signed: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

**Reclassification Eligibility and Instructions**

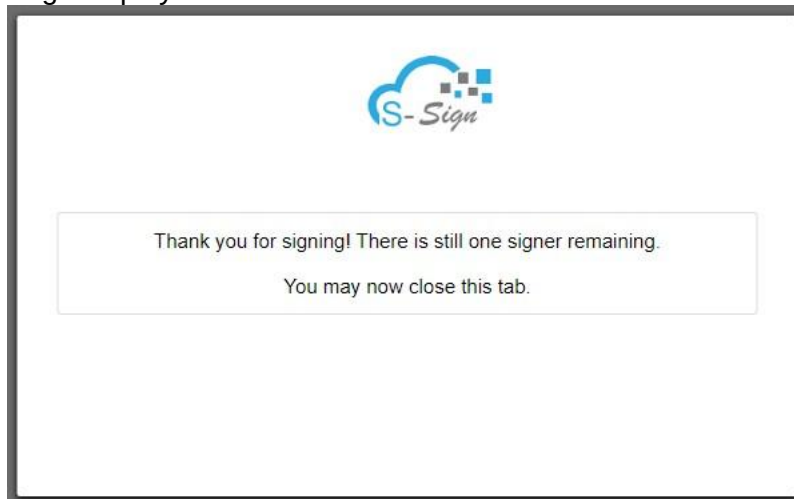
The purpose of a reclassification is to either:

- (1) Continue to provide paid family and medical leave coverage for those Delaware-based employees who are temporarily assigned to an out-of-state location; or
- (2) Make eligible for coverage those employees who are telecommuting or who work on a continuing basis out-of-state when they would normally be located in the State of Delaware.

19 Del. Admin. C. § 1401-6.15.1.

### Employer Electronic Signature Reclassification Form

Once the Reclassification Form has been electronically signed and completed by the Employer, the following message displays on the screen.



**S-Sign**

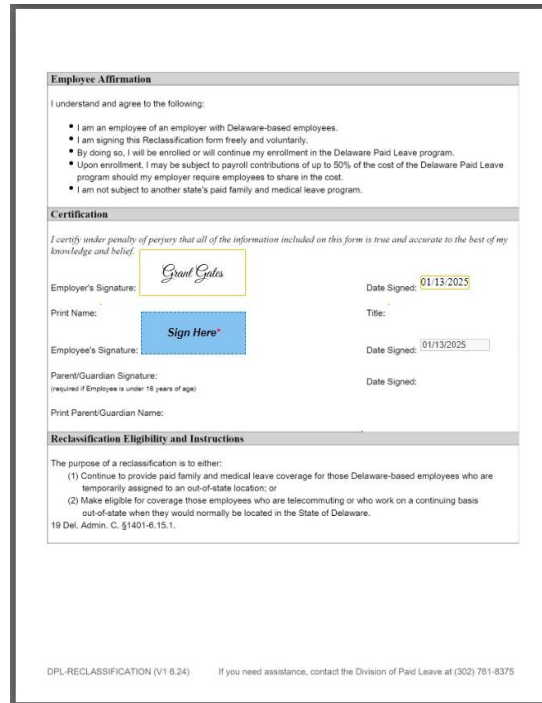
Thank you for signing! There is still one signer remaining.

You may now close this tab.

### Employer Electronic Signature Success Message

## Employer LaborFirst User Guide

After the Reclassification Form has been electronically signed by the employer, the employee is sent an email containing a link to electronically sign the Reclassification Form to complete the process. Similar to the Employer, the Employee will select the link in the email to begin the electronic signature process. Review the information provided in the document and select 'Sign Here'.



**Employee Affirmation**

I understand and agree to the following:

- I am an employee of an employer with Delaware-based employees.
- I am signing this Reclassification form freely and voluntarily.
- By doing so, I will be enrolled or will continue my enrollment in the Delaware Paid Leave program.
- Upon enrollment, I may be subject to payroll contributions of up to 50% of the cost of the Delaware Paid Leave program should my employer require employees to share in the cost.
- I am not subject to another state's paid family and medical leave program.

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief:

Employer's Signature:  Date Signed: 01/13/2025

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee's Signature:  Date Signed: 01/13/2025

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(required if Employee is under 18 years of age)

Print Parent/Guardian Name: \_\_\_\_\_

**Reclassification Eligibility and Instructions**

The purpose of a reclassification is to either:

- (1) Continue to provide paid family and medical leave coverage for those Delaware-based employees who are temporarily assigned to an out-of-state location; or
- (2) Make eligible for coverage those employees who are telecommuting or who work on a continuing basis out-of-state when they would normally be located in the State of Delaware.

19 Del. Admin. C. §1407-6-15.1.

DPL-RECLASSIFICATION (V1 6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

### Employee Electronic Signature Reclassification Form

The Employee has the option to draw their signature, or, select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.



 Clear



☒ Text-To-Signature 

Jane Doe

Cancel Adopt Signature & Go To Next Input

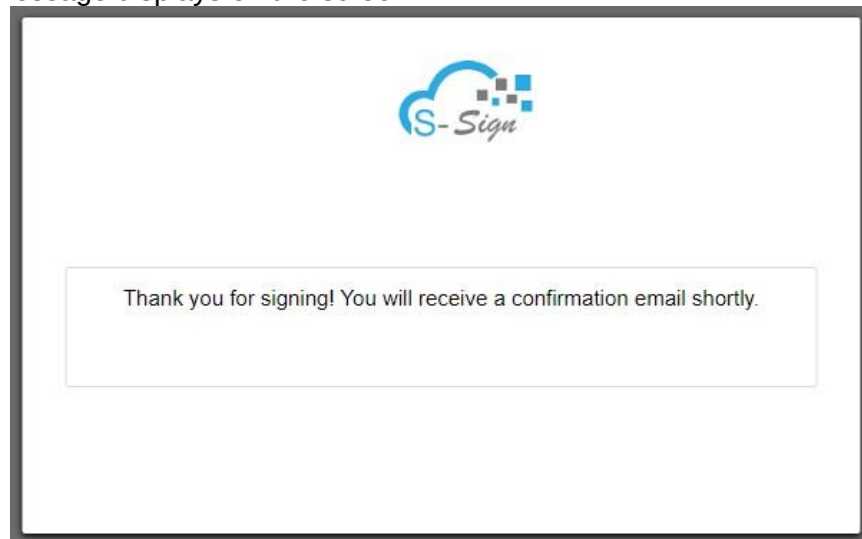
### Employee Electronic Signature

## Employer LaborFirst User Guide

From there, the Employee will enter their name and select 'Submit' in the top right corner of the screen.

**Employee Electronic Signature Reclassification Form**

Once the Reclassification Form has been electronically signed and completed by the Employee, the following message displays on the screen.





## Employer LaborFirst User Guide

### Reclassification Screen

Employers can view Reclassification Details by navigating to the 'Employee Status' section from the 'Account Division Screen'. The 'Status' field displays the current state of the Reclassification Form.

The Reclassification Statuses are as follows:

- **Pending Reclassification:**
  - Reclassification Form completed in LaborFirst
  - However, the Reclassification Form is pending because the electronic signature has not been completed by the employer and/or employee
- **Reclassification:**
  - Reclassification Form has been approved
  - Both the employer and the employee have completed the electronic signature process
- **Reclassification Denied:**
  - Reclassification form has been denied because the employee does not meet the requirements to be reclassified

Select the 'Status' ID to view details for a specific Reclassification Record.

Note: there are no 'Action Items' available on the Reclassification Record if the status is 'Denied'. Additionally, the 'Reclassification Denial Letter' is uploaded to the Record.

 Employee Waiver / Classification  
PLEMPS-0708

| Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Action Items |                    |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|--------------------|---------------------------------------------------------------------------------------|------|------------|---------------|--|--------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|---------------------------------------------------------------------------------------|
| <div> <div>Overview</div> <div> <div>Status</div> <div>Reclassification Denied</div> </div> <div> <div>Effective Date</div> <div></div> </div> <div> <div>End Date</div> <div></div> </div> </div>                                                                                                                                                                                                                                                                                                                                |      |              |                    |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
| <div> <div>Employee Information</div> <div> <div>Employee First Name</div> <div>Randy</div> </div> <div> <div>Employee Last Name</div> <div>Rawlins</div> </div> <div> <div>SSN</div> <div>XXX-XX-4098</div> </div> </div>                                                                                                                                                                                                                                                                                                        |      |              |                    |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
| <div> <div>Employment Information</div> <div> <div>Reason for Reclassification</div> <div>Non - Delaware employee who wants to participate in the plan;</div> </div> <div> <div>Date of Hire</div> <div>1/1/2025</div> </div> <div> <div>Date of Enrollment into DPL</div> <div>1/1/2025</div> </div> <div> <div>Average Days Working From Home</div> <div></div> </div> <div> <div>Temporary Assignment End Date</div> <div></div> </div> </div>                                                                                 |      |              |                    |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
| <div> <div>Signer Information</div> <div> <div>Employer Name</div> <div>test</div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |              |                    |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
| <div> <div>Notes &amp; Attachments (1)</div> <table border="1"> <thead> <tr> <th>Title</th> <th>Type</th> <th>Created By</th> <th>Last Modified</th> <th></th> </tr> </thead> <tbody> <tr> <td> Reclassification Deni...</td> <td>File</td> <td>Grant Gates</td> <td>1/13/2025, 9:59 AM</td> <td></td> </tr> </tbody> </table> <div>View All</div> </div> |      |              |                    | Title                                                                                 | Type | Created By | Last Modified |  |  Reclassification Deni... | File | Grant Gates | 1/13/2025, 9:59 AM |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Type | Created By   | Last Modified      |                                                                                       |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |
|  Reclassification Deni...                                                                                                                                                                                                                                                                                                                                                                                                                      | File | Grant Gates  | 1/13/2025, 9:59 AM |  |      |            |               |  |                                                                                                              |      |             |                    |                                                                                       |

### Reclassification Denied Screen

## Employer LaborFirst User Guide

Alternatively, the status is set to 'Reclassification' to indicate that the Reclassification Form was approved, and thus, the employee was added to the Delaware Paid Leave Plan. The 'Reclassification Approved Letter' and a copy of the signed Reclassification Form are uploaded to the 'Notes and Attachments' section of the record.

Employee Waiver / Classification  
PLEMPS-0706

Details

Action Items

Overview

Status

Reclassification

End Date

Effective Date

1/13/2025

Employee Information

Employee First Name

Michelle

SSN

XXX-XX-9999

Employee Last Name

Myers

Employment Information

Reason for Reclassification

Previously enrolled in the DPL program - temporarily on out of state assignment

Date of Enrollment into DPL

1/1/2025

Temporary Assignment End Date

2/28/2025

Date of Hire

1/1/2025

Average Days Working From Home

Signer Information

Employer Name

Grant

Declassify Employee

Notes & Attachments (2)

| Title                    | Type | Created By                  | Last Modified      |  |
|--------------------------|------|-----------------------------|--------------------|--|
| Reclassification Appr... | File | goyal ashish                | 1/13/2025, 9:54 AM |  |
| Signed Reclassificati... | File | S-Sign Site Site Guest User | 1/13/2025, 9:52 AM |  |

View All

### Reclassification Approved Screen

## Employer LaborFirst User Guide

### Declassify Employee

Additionally, the 'Reclassification Approved' screen contains an Action Item to 'Declassify Employee'. This allows the employer to remove the previously reclassified individual from the Delaware Paid Leave Plan. The Declassify Employee process is two-fold: Complete Declassification Form in LaborFirst and Employer provides electronic signature.

The employer will select 'Declassify Employee' enter the 'Declassification Date'. Additionally, the Employer will provide the 'Reason for Declassification' and select 'Finish'.

### Declassify Employee Window

Once the Declassification Form has been submitted in LaborFirst, the Employer ONLY is required to submit an electronic signature, and they receive an email containing a link to complete the process.

## Employer LaborFirst User Guide

Select the link in the email to begin the electronic signature process. Review the information provided in the document and select 'Sign Here'.

**DELAWARE Paid Leave**  
Family and Medical Leave Insurance Program

**Declassification Form**

Information regarding Declassification can be found below. Please complete this form in its entirety. All requested information is **REQUIRED**.

**Employer Information**

Employer's Legal Name (including DBA/AKA/TA): Thriving Employer

Doing Business or Trading As (if different than Legal Name):

Address: 248 Chapman

City, State and Zip Code: Newark, DE 19711

Employer FEIN: 323232323

Email: laura260@krainiumprox.us

**Employee Information**

Employee Name: Ashley Amy SSN/ITIN: XXX-XX-2432

Email: xacohi2888@kvegg.com

**Declassification**

Please check all appropriate boxes:

Employee based out - of - state no longer wants to voluntarily participate in the Delaware Paid Leave program

**Certification**

I certify under penalty of perjury that all of the information included on this form is true and accurate to the best of my knowledge and belief.

**Sign Here**

Employer's Signature: \_\_\_\_\_ Date Signed: 01/15/2025

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Employer Electronic Signature Declassification Form

The Employer has the option to draw their signature, or select 'Text-To-Signature'. Select 'Adopt Signature and Go To Next Input' to proceed.

**S-Sign**

Clear

*Jonathan Jones*

☒ Text-To-Signature

Jonathan Jones

Cancel Adopt Signature & Go To Next Input

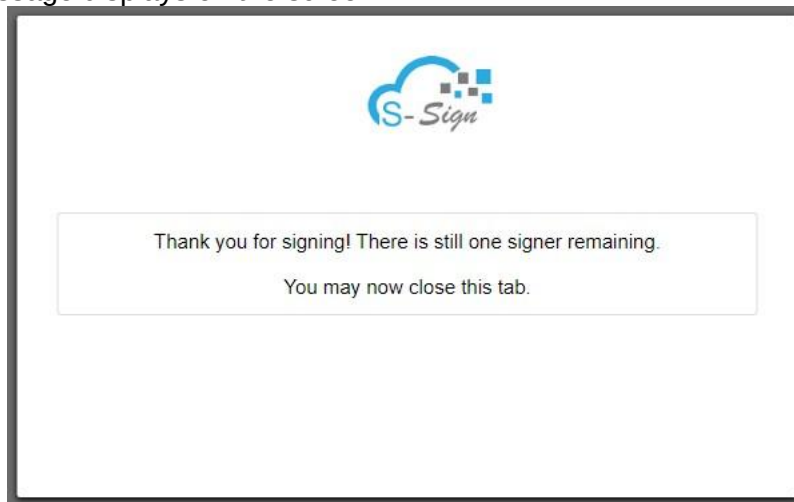
### Employer Electronic Signature

## Employer LaborFirst User Guide

Next, the Employer will enter their Name and select 'Submit'.

### Employer Electronic Signature Declassification Form

Once the Declassification Form has been electronically signed and completed by the Employer, the following message displays on the screen.



### Employer Electronic Signature Success Message

Once the Employer has been successfully declassified, the status in LaborFirst displays as "Declassified" and the appropriate correspondences upload to the record.

# Employer LaborFirst User Guide

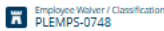
## Declassification Screen

Employers can view Declassification Details by navigating to the 'Employee Status' section from the 'Account Division Screen'. The 'Status' field displays the current state of the Reclassification Form.

The Declassification Statuses are as follows:

- **Pending Declassification:**
  - Declassification Form completed in LaborFirst
  - However, the Declassification Form is pending because the electronic signature has not been completed by the employer and/or employee
- **Declassification:**
  - Employee has been declassified
  - Both the employer and the employee have completed the electronic signature process

Select the 'Status' ID to view details for a specific Declassification Record.



[Action Items](#)

---

Details

Overview

Status

Declassified

Effective Date

1/14/2025

End Date

1/14/2025

Employee Information

Employee First Name

Ashley

Employee Last Name

Amey

SSN

XXX-XX-2432

Employment Information

Reason for Reclassification

Employee based out of state no longer wants to voluntarily participate in the Delaware Paid Leave program.

Date of Hire

1/1/2025

Date of Enrollment into DPL

1/1/2025

Average Days Working From Home

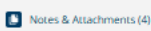
4

Temporary Assignment End Date

Signer Information

Employer Name

Employer



| Title                                                                                                        | Type | Created By                  | Last Modified       |                                                                                     |
|--------------------------------------------------------------------------------------------------------------|------|-----------------------------|---------------------|-------------------------------------------------------------------------------------|
|  Declassification App...  | File | LaborFirst System           | 1/15/2025, 10:18 AM |  |
|  Signed Declassify Po...  | File | S-Sign Site Site Guest User | 1/15/2025, 10:17 AM |  |
|  Reclassification Appr... | File | LaborFirst System           | 1/14/2025, 2:45 PM  |  |
|  Signed Reclassificati... | File | S-Sign Site Site Guest User | 1/14/2025, 2:44 PM  |  |

[View All](#)

## Declassification Screen

## Employee Classification

### Create Employee Classification

Employee Classification allows employers to create different groups of employees when they have separate contributions for different staff members. To create a new Employee Classification group, select 'New' under the Employee Classification section of the 'Account Division' screen.


Tom Riddle

Account Division  
PFML-1000525
Printable View

Account  
Tom's Riddle Shop
Registration Date  
12/13/2024, 8:06 AM
Registration Status  
Registered

Lines of Coverage (3)

| Line of Coverage ID | Line of Coverage                        | Line of Coverage Status            | Effective Date |
|---------------------|-----------------------------------------|------------------------------------|----------------|
| LOC-00768           | Parental Leave                          | Delaware Paid Leave                | 1/1/2026       |
| LOC-00769           | Medical Leave                           | Delaware Paid Leave                | 1/1/2026       |
| LOC-00770           | Family Caregiver/Qualified Exigency ... | Private Insurance Pending Approval |                |

View All

File an Appeal
Make A Payment

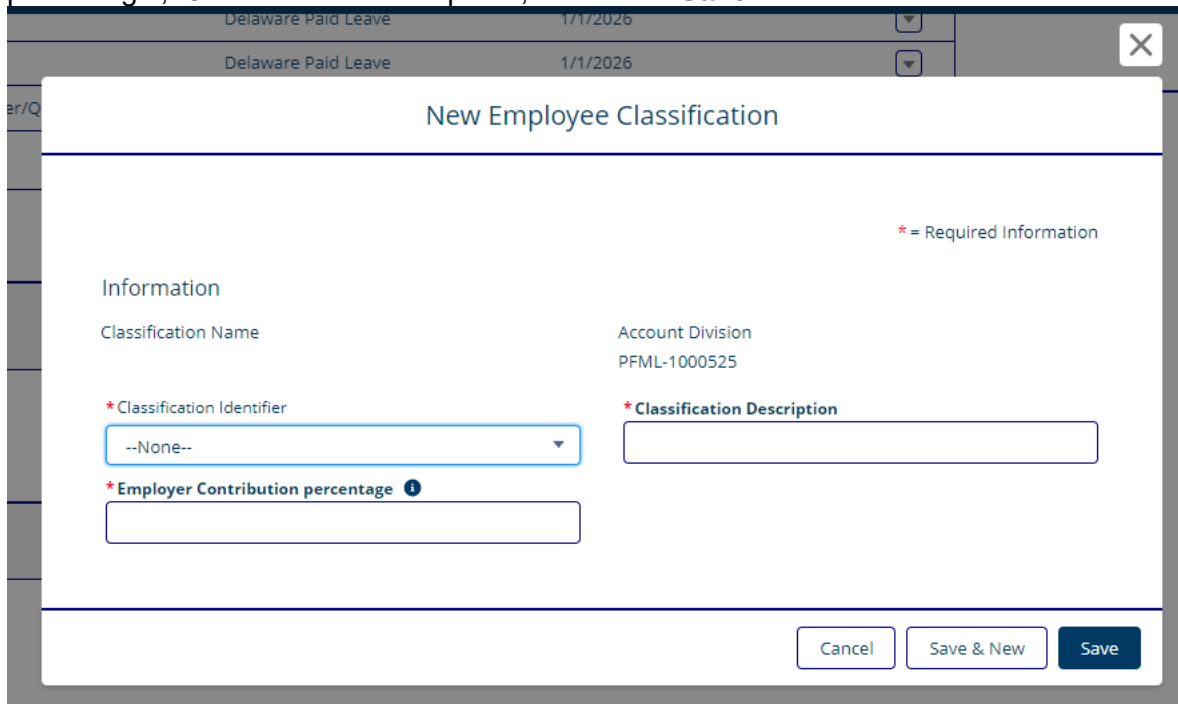
Employee Classification
Appeals

Employee Classifications (0)

New

### Employee Classification Section

From here, the employer will enter the 'Classification Identifier', 'Employer Contribution percentage', 'Classification Description', and select **Save**.



The screenshot shows a web application window titled "New Employee Classification". At the top, there are two tabs labeled "Delaware Paid Leave" with dates "1/1/2026". A close button (X) is in the top right corner. Below the tabs, the window title "New Employee Classification" is centered. A legend indicates that a red asterisk (\*) denotes "Required Information".

The form is divided into two columns. The left column is titled "Information" and contains the following fields:

- Classification Name:** A text input field.
- \* Classification Identifier:** A dropdown menu currently showing "--None--".
- \* Employer Contribution percentage:** A text input field with an information icon (i) next to the label.

The right column contains the following field:

- \* Classification Description:** A large text input area.

At the bottom right of the window, there are three buttons: "Cancel", "Save & New", and "Save".

**New Employee Classification Window**



# Employer LaborFirst User Guide

## Employee Classification Screen

To view and edit existing Employee Classification records, navigate to the 'Employee Classification' section of the 'Account Division' screen. Select the 'Classification Name' associated with the desired record.


Tom Riddle

Account  
Tom's Riddle Shop
Registration Date  
12/13/2024, 8:06 AM
Registration Status  
Registered

 Lines of Coverage (3)

| Line of Coverage ID | Line of Coverage                        | Line of Coverage Status            | Effective Date |
|---------------------|-----------------------------------------|------------------------------------|----------------|
| LOC-00768           | Parental Leave                          | Delaware Paid Leave                | 1/1/2026       |
| LOC-00769           | Medical Leave                           | Delaware Paid Leave                | 1/1/2026       |
| LOC-00770           | Family Caregiver/Qualified Exigency ... | Private Insurance Pending Approval |                |

View All

Action Items

File an Appeal  
Make A Payment

Employee Classification

Appeals

 Employee Classifications (1)

New

| Classification Name | Classification Description | Classification Identifier |
|---------------------|----------------------------|---------------------------|
| PLEC-0016           | Test                       | 1                         |

View All

### Account Division Screen: Employee Classification Section

The 'Employee Classification' screen contains additional details, including: Classification Name, Identifier, Employer Contribution percentage, Account Division, and Classification Description. To make edits, select the 'Edit' button in the top right corner.



 Tom Riddle

 Employee Classification  
PLEC-0016

EditPrintable View

Classification Name  
PLEC-0016

Classification Identifier  
1

Employer Contribution percentage  
80%

Account Division  
PFML-1000525

Classification Description  
Test

## Employee Classification Screen

The 'Edit Employee Classification' Window allows the employer to make edits as needed. Once finished, select **Save**.

✕

## Edit PLEC-0016

\* = Required Information

Classification Name  
PLEC-0016

\*Classification Identifier

\*Employer Contribution percentage ⓘ

Account Division  
PFML-1000525

\*Classification Description

Cancel
Save & New
Save

**Edit Employee Classification Window**

## Wage and Hour Reporting

### What is a Wage and Hour Report?

The Wage and Hour Report is a report filed by the employer each quarter that details all wages earned and hours worked by each employee that quarter. The wages entered are used to calculate the total contributions due for the quarter. These reports also keep track of the hours worked by each employee in Delaware (and in another state for reclassified employees).

Wages and hours should be reported even for waived employees. If a waived employee approaches the 1250 hours worked threshold to meet Delaware Paid Leave eligibility, the employer will receive a notification. If a waived employee is now expected to work at least one (1) year and work at least 1250 hours, the employer should remove the waiver.

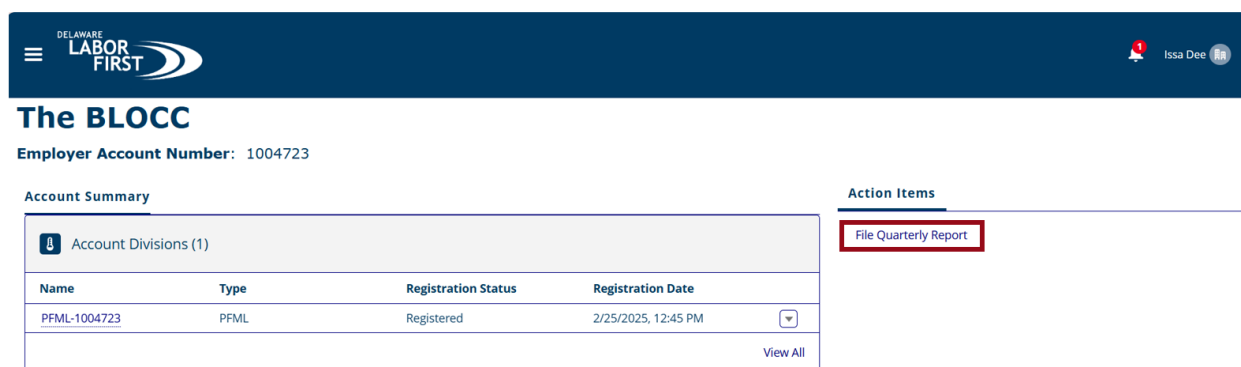
Accurate wage and hour reporting is important as the wages and hours reported are used to determine a worker's eligibility and weekly benefit amount.

Wage and Hour Reports are filed quarterly and due no later than thirty (30) days after the reporting period ends.

| Quarter Being Reported              | Report Due Date |
|-------------------------------------|-----------------|
| Quarter 1 (January 1 – March 31)    | April 30        |
| Quarter 2 (April 1 – June 30)       | July 30         |
| Quarter 3 (July 1 – September 30)   | October 30      |
| Quarter 4 (October 1 – December 31) | January 30      |

### Filing a Wage and Hour Report

To file a Wage and Hour Report, go to the Employer Portal Home Page and select 'File Quarterly Report' from the Action Items section.



**The BLOCC**  
Employer Account Number: 1004723

**Account Summary**

| Name         | Type | Registration Status | Registration Date   |
|--------------|------|---------------------|---------------------|
| PFML-1004723 | PFML | Registered          | 2/25/2025, 12:45 PM |

[View All](#)

**Action Items**

[File Quarterly Report](#)

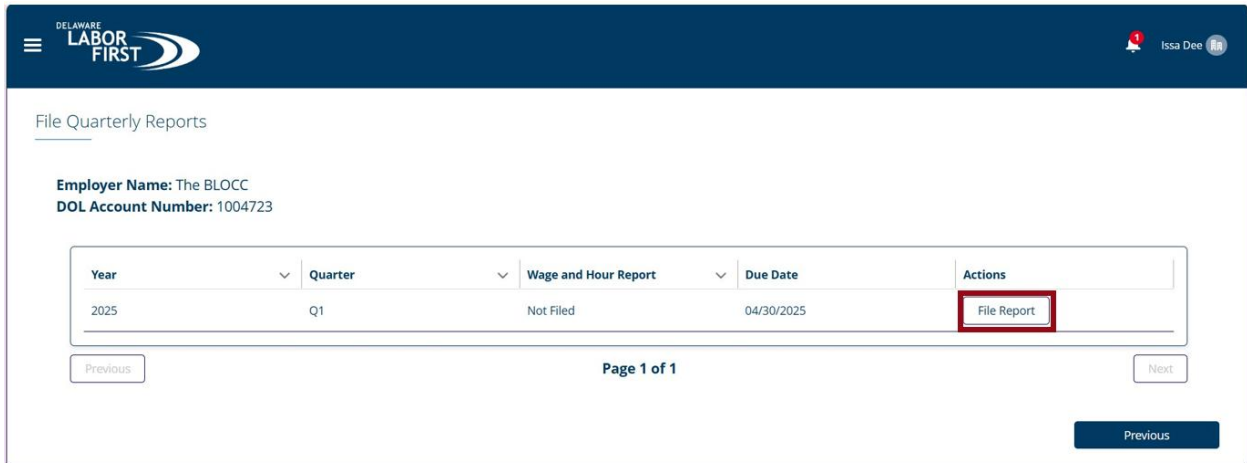
### Account Summary – File Quarterly Report Action Item

# Employer LaborFirst User Guide

The 'File Quarterly Report' Action Item will navigate to the File Quarterly Reports screen. On this screen, an employer can see the Year and Quarter, Report Status, and Due Date.

Statuses for the Wage and Hour report are Not Filed, Filed, and Not Liable. For any period the employer was 'Not Liable' (as determined by the Delaware Department of Labor), no report can be filed.

From this screen, select 'File Report' next to the quarter being reported.



| Year | Quarter | Wage and Hour Report | Due Date   | Actions                     |
|------|---------|----------------------|------------|-----------------------------|
| 2025 | Q1      | Not Filed            | 04/30/2025 | <a href="#">File Report</a> |

## File Quarterly Reports

# Employer LaborFirst User Guide

The first step in the File Quarterly Report process is the **Quarterly Report** screen. This screen displays the information needed to successfully complete the report.

Note: there is a 'Steps' status bar on the right side of the screen, which shows the user where they are in the process as well as the remaining steps.

**Quarterly Report**

You are about to file your quarterly report for **The BLOCC**. Please review the following information before proceeding.

|                             |                       |
|-----------------------------|-----------------------|
| <b>Employer Information</b> | <b>Report Details</b> |
| Employer Name: The BLOCC    | Year: 2025            |
| DOL Account Number: 1004723 | Quarter: Q1           |

**Information You'll Need to File Your Quarterly Report:**

Please provide the following details on all of the employees you have on payroll for the quarter .

- Employee's Full Name
- Employee's Social Security Number (SSN)
- Employee's FICA Wages (Federal Insurance Contributions Act)
- Out of State Wages Paid for an Employee
- Total hours worked and total weeks worked for each employee

*\*\*If you do not wish to file a report at this time, click [here](#) to go back to the Quarterly Reports page.*

[Next](#)

**Steps**

- Quarterly Report**
- Reporting Options
- Wage Report
- Review Wage Report
- Contribution Report
- Review & Certify Report
- Confirmation

## Quarterly Report

The next step in the File Quarterly Report process is the **Reporting Options** screen. On this screen, the user can select the option that best suits their needs for the quarterly report.

**Reporting Options**

**\* Please select a Reporting option below to file a Quarterly Report.**

☐ Enter Employee Wage Details Manually (Up to 1000 employees)

☐ Upload Employee Wage Details Electronically

☐ Report No Wages Paid for the Quarter

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

**Steps**

- Quarterly Report
- Reporting Options**
- Wage Report
- Review Wage Report
- Contribution Report
- Review & Certify Report
- Confirmation

## Reporting Options

## Enter Employee Wage Details Manually

An employer may choose to enter employee wage details manually only if they are reporting 1000 or fewer employees for the quarter. By choosing this option, the employer will manually key in the data required for the report.

Required Information:

**Contribution Percentage** – Employers are required to pay at least 50% of the calculated contributions (the remaining amount comes from payroll deductions) but may pay up to 100%. Enter the percentage the employer is paying here.

**SSN** – The employee's Social Security Number.

**First Name** – The employee's legal first name.

**Last Name** – The employee's legal last name.

**DE FICA Wages** – The total FICA wages earned by work performed in Delaware. Even if an employee has been reclassified as a Delaware employee, the wages earned in another state should be reported as 'Out of State Wages'.

**Out of State Wages** – Wages earned in a state other than Delaware.

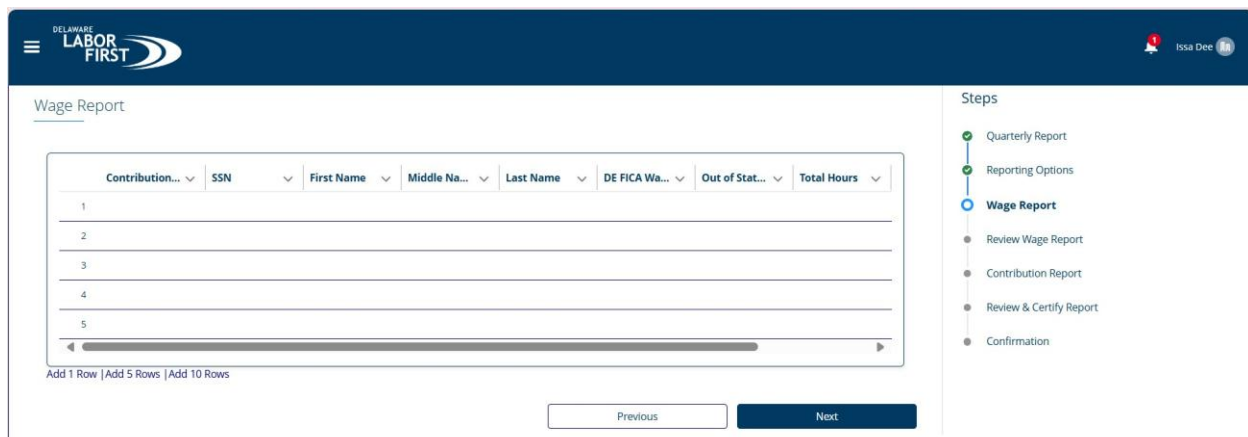
**Total Hours** – The total number of hours worked in Delaware (and/or another state if the employee has been reclassified) for the quarter.

**Weeks** – The weeks worked in Delaware (and/or another state if the employee has been reclassified) for the quarter.

Optional Information:

**Middle Name** – The employee's middle initial.

Once all employees have been reported, select the 'Next' button.



## Wage Report – Enter Employee Wage Details Manually

# Employer LaborFirst User Guide

## Upload Employee Wage Details

Any employer may upload an electronic copy of the wage and hour report; however, employers reporting more than 1000 are required to use this option. The file type must be CSV (comma-separated values) file or a XML (Extensible Markup Language) file. These file types are common export options in most accounting and payroll software.

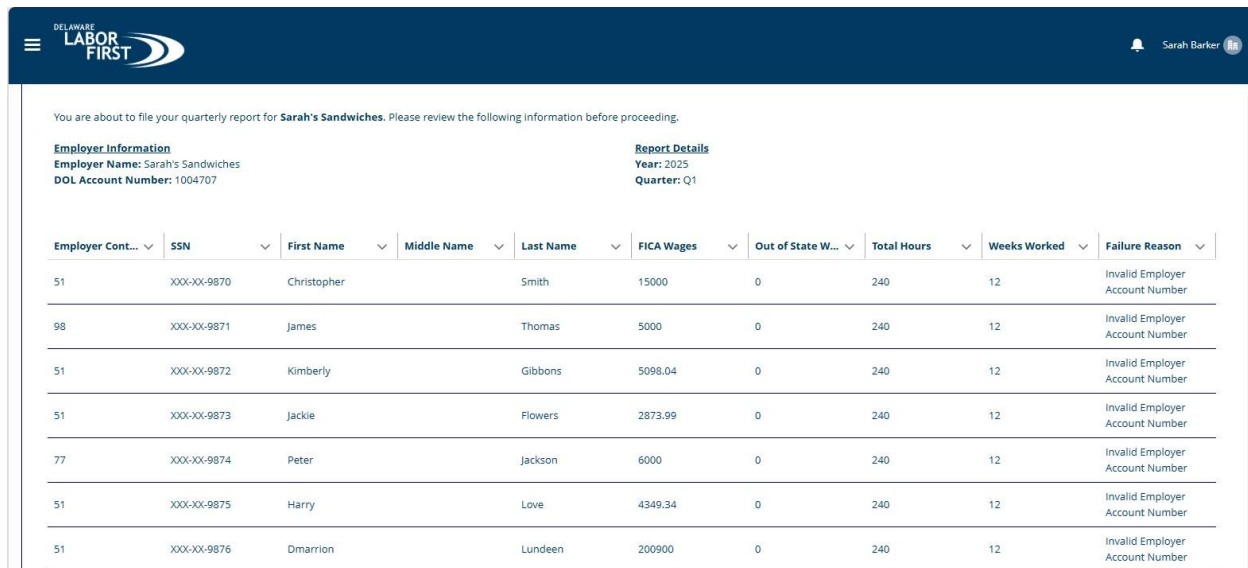
Select 'Upload Files' then select the file from your computer's stored files. Once the file has been attached, select the 'Next' button.



The screenshot shows the 'Reporting Options' screen. On the left, under 'Reporting Options', there is a message: '\* Please select a Reporting option below to file a Quarterly Report.' Below this are three radio buttons: 'Enter Employee Wage Details Manually (Up to 1000 employees)', 'Upload Employee Wage Details Electronically' (which is selected), and 'Report No Wages Paid for the Quarter'. Below the radio buttons are two buttons: 'Upload Files' and 'Or drop files'. At the bottom, there is a message: 'You must upload a CSV or XML file to provide your report for this year and quarter.' and a link: 'To view the acceptable file formats, please see the published Quarterly Report Filing specifications.' On the right, under 'Steps', there are two steps: 'Quarterly Report' and 'Reporting Options' (which is the current step). At the bottom, there are two buttons: 'Previous' and 'Next'.

## Wage Report – Upload Employee Wage Details

If errors are found in an uploaded report (invalid SSN, duplicate SSN, etc.) with 1000 or fewer employees, the user will see an **Error Report Summary**. If errors are found in an uploaded report that has more than 1000 employees, the employer will receive an email the next business day with the error report. Once the errors have been identified and corrected, the report may be reuploaded by selecting 'Reupload Report' or return to the 'File Quarterly Reports' screen by selecting 'Previous.'



The screenshot shows the 'Upload Report Error Summary' screen. At the top, there is a message: 'You are about to file your quarterly report for Sarah's Sandwiches. Please review the following information before proceeding.' Below this, there are two sections: 'Employer Information' and 'Report Details'. The 'Employer Information' section shows: 'Employer Name: Sarah's Sandwiches' and 'DOL Account Number: 1004707'. The 'Report Details' section shows: 'Year: 2025' and 'Quarter: Q1'. Below these sections is a table with the following columns: 'Employer Cont...', 'SSN', 'First Name', 'Middle Name', 'Last Name', 'FICA Wages', 'Out of State W...', 'Total Hours', 'Weeks Worked', and 'Failure Reason'. The table contains 8 rows of data, all of which have a 'Failure Reason' of 'Invalid Employer Account Number'.

| Employer Cont... | SSN         | First Name  | Middle Name | Last Name | FICA Wages | Out of State W... | Total Hours | Weeks Worked | Failure Reason                  |
|------------------|-------------|-------------|-------------|-----------|------------|-------------------|-------------|--------------|---------------------------------|
| 51               | XXX-XX-9870 | Christopher |             | Smith     | 15000      | 0                 | 240         | 12           | Invalid Employer Account Number |
| 98               | XXX-XX-9871 | James       |             | Thomas    | 5000       | 0                 | 240         | 12           | Invalid Employer Account Number |
| 51               | XXX-XX-9872 | Kimberly    |             | Gibbons   | 5098.04    | 0                 | 240         | 12           | Invalid Employer Account Number |
| 51               | XXX-XX-9873 | Jackie      |             | Flowers   | 2873.99    | 0                 | 240         | 12           | Invalid Employer Account Number |
| 77               | XXX-XX-9874 | Peter       |             | Jackson   | 6000       | 0                 | 240         | 12           | Invalid Employer Account Number |
| 51               | XXX-XX-9875 | Harry       |             | Love      | 4349.34    | 0                 | 240         | 12           | Invalid Employer Account Number |
| 51               | XXX-XX-9876 | Dmarion     |             | Lundeen   | 200900     | 0                 | 240         | 12           | Invalid Employer Account Number |

## Upload Report Error Summary



## Report No Wages Paid for the Quarter

Wage reports must be filed for every quarter the employer was liable (as determined by the Delaware Department of Labor) even if no wages were paid during the quarter. Only select this option if you paid **no wages** to employees during the quarter then select the 'Next' button.

### Reporting Options

**\* Please select a Reporting option below to file a Quarterly Report.**

☐ Enter Employee Wage Details Manually  
☐ Upload Employee Wage Details Electronically  
☒ Report No Wages Paid for the Quarter

 Only select this option if you have no payroll to report for your employees during this year and quarter.

Previous

Next

### Steps

- Quarterly Report
- Reporting Options**
- Contribution Report
- Review and Certify Report
- Confirmation
- Success

## Report No Wages Paid for the Quarter

The next step in the File Quarterly Report process is the **Review Wage Report** screen. On this screen, the employer will see the records as entered and review for accuracy. If any errors are found, use the 'Previous' button to return to the prior step to correct the error(s).

### Review Wage Report

| Contribution... | SSN       | First Name | Middle Na... | Last Name | DE FICA Wa... | Out of Stat... | Total Hours | Weeks |
|-----------------|-----------|------------|--------------|-----------|---------------|----------------|-------------|-------|
| 55              | 111111111 | Jane       |              | Doe       | \$10,000.00   | \$500.00       | 2,088       |       |

Page 1 of 1

Previous

Next

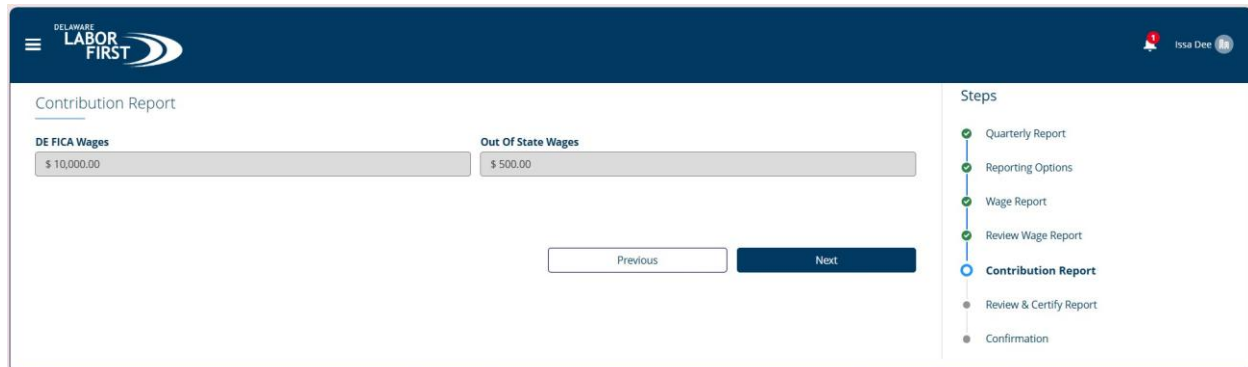
### Steps

- Quarterly Report
- Reporting Options
- Wage Report
- Review Wage Report**
- Contribution Report
- Review & Certify Report
- Confirmation

## Review Wage Report

# Employer LaborFirst User Guide

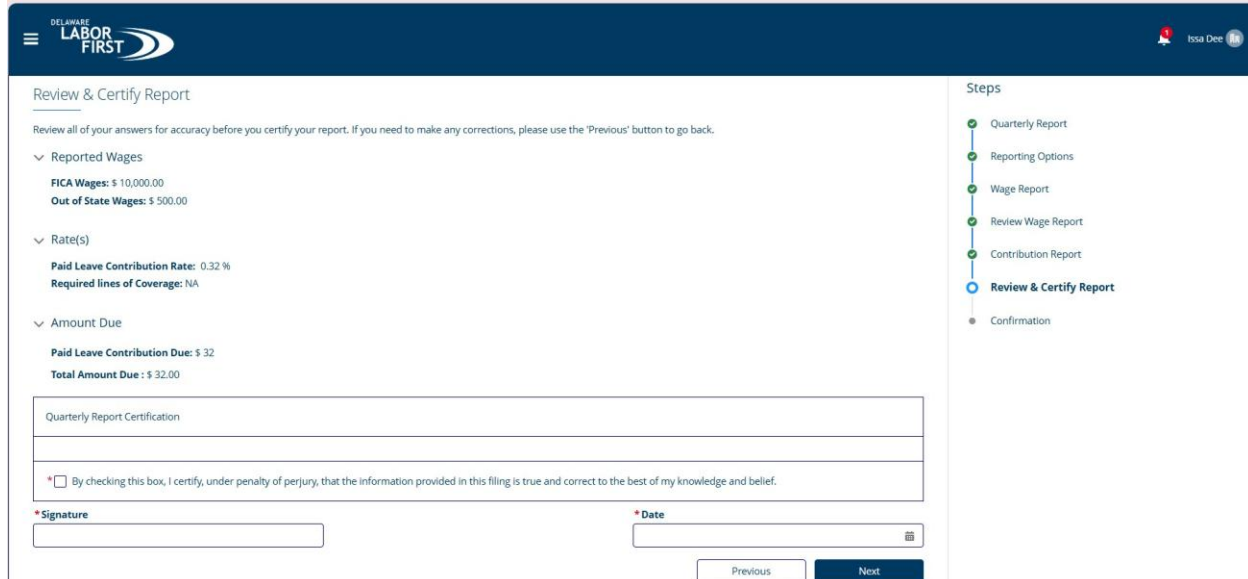
The next step in the File Quarterly Report process is the **Contribution Report** screen. Delaware Labor First will calculate the sum of DE FICA Wages and Out of State Wages and display those amounts in a read-only format on this screen. If the amounts appear incorrect, use the 'Previous' button to return to the **Review Wage Report** screen.



The screenshot shows the 'Contribution Report' screen. At the top, there's a header with the Delaware LaborFirst logo and a user profile 'Issa Dee'. The main content area is titled 'Contribution Report'. It displays two input fields: 'DE FICA Wages' with a value of '\$ 10,000.00' and 'Out Of State Wages' with a value of '\$ 500.00'. Below these fields are two buttons: 'Previous' and 'Next'. On the right side, there's a 'Steps' sidebar showing a progress bar with the following steps: Quarterly Report, Reporting Options, Wage Report, Review Wage Report, Contribution Report (highlighted), Review & Certify Report, and Confirmation.

## Contribution Report

The next step in the File Quarterly Report process is the **Review & Certify Report** screen. Delaware LaborFirst uses the data entered by employers to calculate contributions due. This screen displays the summary of reported wages and contributions due. Once these have been reviewed, check the box to agree to the certification statement, sign, and date, then select the 'Next' button to submit the report.



The screenshot shows the 'Review & Certify Report' screen. The header is the same as the previous screen. The main content area is titled 'Review & Certify Report' and includes a sub-header 'Review all of your answers for accuracy before you certify your report. If you need to make any corrections, please use the 'Previous' button to go back.' Below this, there are three expandable sections: 'Reported Wages' showing 'FICA Wages: \$ 10,000.00' and 'Out of State Wages: \$ 500.00'; 'Rate(s)' showing 'Paid Leave Contribution Rate: 0.32 %' and 'Required lines of Coverage: NA'; and 'Amount Due' showing 'Paid Leave Contribution Due: \$ 32' and 'Total Amount Due: \$ 32.00'. At the bottom, there's a 'Quarterly Report Certification' section with a checkbox and text: '\* By checking this box, I certify, under penalty of perjury, that the information provided in this filing is true and correct to the best of my knowledge and belief.' Below this are fields for '\*Signature' and '\*Date'. At the bottom right, there are 'Previous' and 'Next' buttons. The 'Steps' sidebar on the right shows the progress bar with the following steps: Quarterly Report, Reporting Options, Wage Report, Review Wage Report, Contribution Report, Review & Certify Report (highlighted), and Confirmation.

## Review and Certify Report

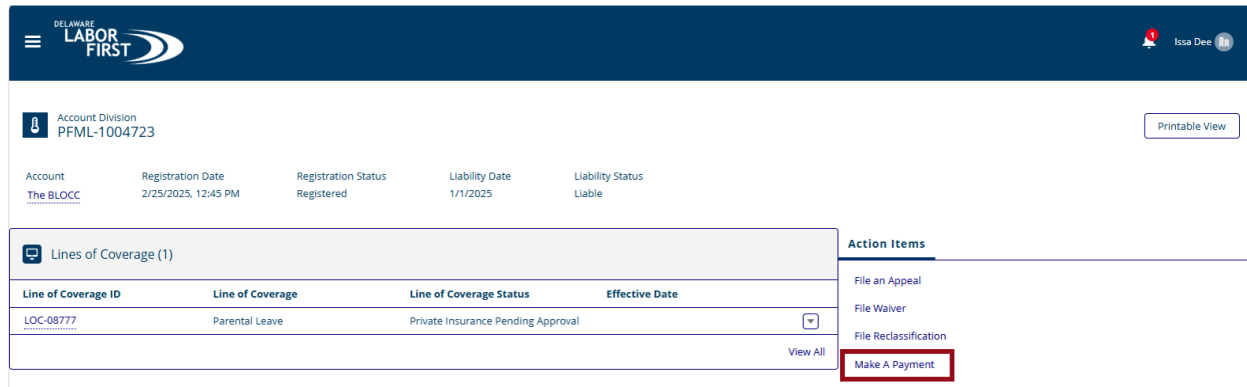
Finally, the employer receives a **Confirmation** that the report has been submitted.

# Employer LaborFirst User Guide

## Make a Payment

Delaware Paid Leave is funded by employer and employee contributions. Each quarter, when Hours and Wage Reports are filed, LaborFirst calculates contribution amounts based on wages paid and lines of coverage. Once a contribution amount is calculated, an invoice is generated in the LaborFirst portal and the employer will make a payment to pay their contributions.

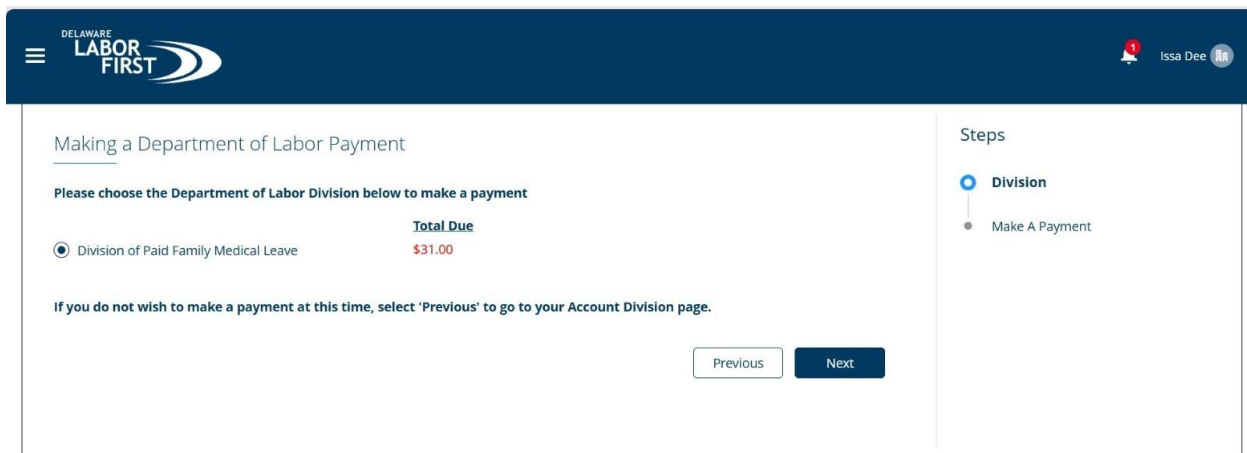
To make a payment, log into the employer portal and navigate to the **Account Division** screen. Then, select 'Make a Payment' from the Action Items.



| Line of Coverage ID | Line of Coverage | Line of Coverage Status            | Effective Date |
|---------------------|------------------|------------------------------------|----------------|
| LOC-08777           | Parental Leave   | Private Insurance Pending Approval |                |

### Account Division – Make a Payment Action Item

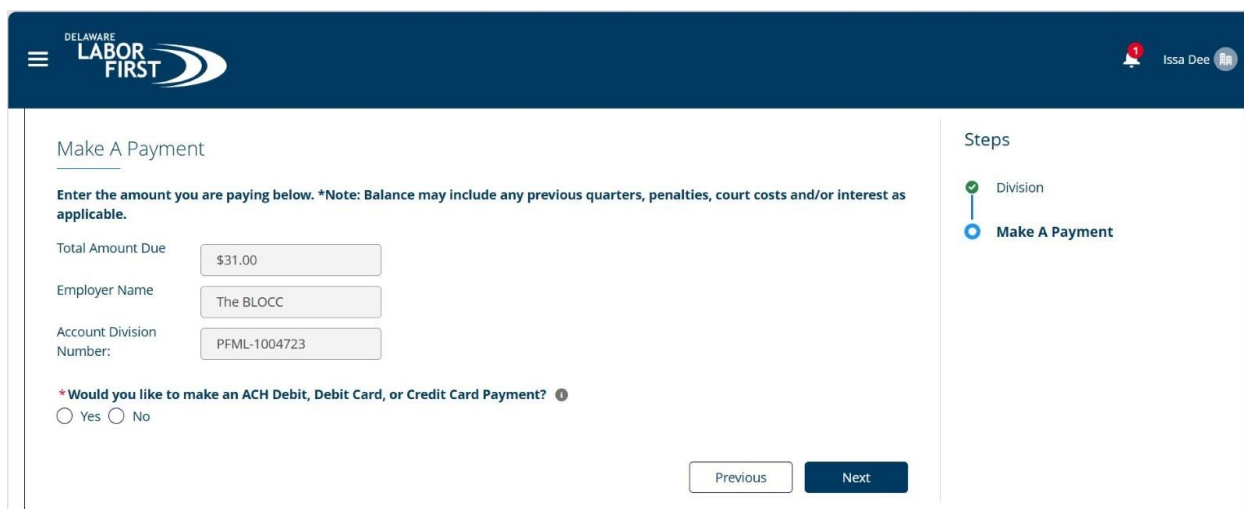
The first step in the Make a Payment process is the **Making a Department of Labor Payment** screen. Here, select the division for which you wish to make a payment, then select 'Next'.



### Making a Department of Labor Payment

The next step in the Make a Payment process is the **Make a Payment** screen. This screen allows the Employer to select a payment amount and payment method. 'Total Amount Due', 'Employer Name' and 'Account Division Number' are prepopulated and read-only.

The Payment Methods include: GoDE Portal or ACH Payment. The GoDE Portal allows the Employer/TPA to pay via Credit/Debit Card or directly through their bank account.



**Make A Payment**

Enter the amount you are paying below. \*Note: Balance may include any previous quarters, penalties, court costs and/or interest as applicable.

Total Amount Due: \$31.00

Employer Name: The BLOCC

Account Division Number: PFML-1004723

\*Would you like to make an ACH Debit, Debit Card, or Credit Card Payment? ☒ Yes ☐ No

Previous Next

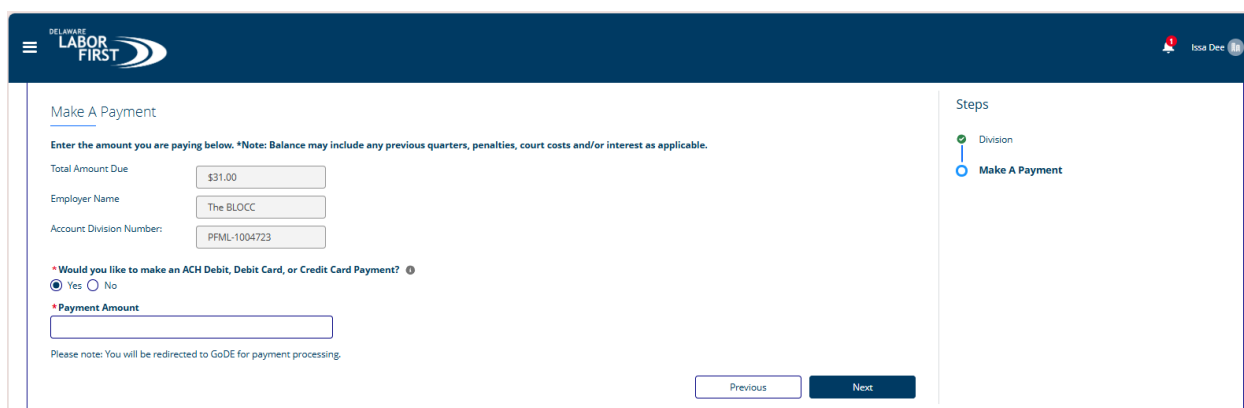
**Steps**

- Division
- Make A Payment

## Make a Payment

The Employer is asked if they would like to make an ACH Debit, Debit Card, or Credit Card Payment. If they select 'Yes' they are asked to enter the Payment Amount. The Payment Amount cannot be greater than the total contribution due. Additionally, text is presented to alert the Employer/TPA that they will be redirected to GoDE for payment processing.

Select 'Next' to be navigated to the GoDE Payment Portal.



**Make A Payment**

Enter the amount you are paying below. \*Note: Balance may include any previous quarters, penalties, court costs and/or interest as applicable.

Total Amount Due: \$31.00

Employer Name: The BLOCC

Account Division Number: PFML-1004723

\*Would you like to make an ACH Debit, Debit Card, or Credit Card Payment? ☒ Yes ☐ No

\*Payment Amount:

Please note: You will be redirected to GoDE for payment processing.

Previous Next

**Steps**

- Division
- Make A Payment

## Make a Payment – ACH Debit, Debit Card, or Credit Card

The GoDE Payment Portal allows the Employer to select their payment method: Credit/Debit Card or Bank Account. Enter the requisite information and select 'Review and Pay'.

Payment Method Review & Pay Payment Complete

## Choose a payment method

You will not be charged until you review this order on the next page.

How would you like to pay?

Credit/Debit Card

Bank Account

Please enter your payment details

\*Card number

The following cards are accepted:

\*Expiration date

\*Security code

\*Name on card

### Billing Address

\*Country/Region

United States

\*Address line 1

\*Address line 2

\*Postal code

\*City

\*State/Province

Please Select

Review & Pay →

**Review & Pay** →

Account number: 43789012345678901234

DEPARTMENT OF LABOR PAYMENTS (P-RT2543)

(04/25)

DESCRIPTION:

PWEL\_Contribution Due

NET DUES:

TOTAL DUES: \$150.00

Amount due: \$150.00

Secure checkout

Payment is always safe and secure.

### Choose a payment method

You will not be charged until you review this order on the next page.

How would you like to pay?

Please enter your payment details

#### Account details

Is this a personal or business account?

Account type

\*Name on the account

\*Routing transit number

\*Account number

\*Confirm account number

#### Accountholder Address

\*Country/Region

\*Address line 1

\*Address line 2

\*Postal code

\*City

\*State/Province

You will receive a receipt by email

DEPARTMENT OF LABOR PAYMENTS (L-14-1001)

10/01/2014

PPS, Contribution Due

AMT DED: 77004643600054

Amount due: \$1.00

The next screen in the GoDE Payment Portal is the **Review and Make a Payment Screen**. Here, the Employer will review their payment information, and select 'Make Payment' to finalize the payment process.

## Review & make a payment

[Make payment](#)

### Your payment information

**VISA** VISA ending 8588

EXPIRES: 03/27

NAME ON CARD: Testing Card

BILLING ADDRESS: 402 Ogletown Rd.  
Newark, DE 19711  
US

YOU ARE MAKING A PAYMENT TO:

 DEPARTMENT OF LABOR PAYMENTS LF-RT1QA1 (UAT)

DESCRIPTION:  
PFML Contribution Due

REF. CODE:  
TXNcae3430007b2bc4

PAYMENT AMOUNT: **\$1.00**[Back to Payment Method](#)[Make payment](#)

 **Secure checkout**  
Payment is always safe and secure.

### Review and Make a Payment

The **Confirmation Screen** is displayed when a successful payment has been received in the GoDE Payment Portal. Select 'Finish' to be navigated back to the **Account Division Screen**.

 Issa Dec 

Confirmation

Confirmation Number: CON-17175  
Account Division Number: PFML-1004723  

This is to confirm that your payment of \$1.00 has been successfully processed by the Delaware Division of Paid Leave.

Finish

### Confirmation