

Formularios de exención

Solicitud de exención

La siguiente acción disponible en la pantalla "Account Division" (División de cuentas) es "File Waiver" (Solicitar exención). El formulario de exención se utiliza para eliminar las contribuciones de un empleado al plan de licencias con goce de sueldo de Delaware (Delaware Paid Leave, DPL) cuando no se prevé que el empleado cumpla con los requisitos de elegibilidad del programa. Si las condiciones de empleo cambian, los empleados pueden solicitar la eliminación de dicha exención y reincorporarse al programa DPL.

El proceso comienza en LaborFirst, en la pantalla "Account Division" (División de cuentas). Seleccione "File Waiver" (Solicitar exención) de la lista "Action Items" (Acciones disponibles).

The screenshot shows the LaborFirst software interface. At the top, there's a header with the DELAWARE LABOR FIRST logo and a user profile for Jalen Hurns. Below the header, the main title is "Account Division" with the identifier "PFML-1000827". On the left, there's a sidebar with sections for "Account" (Jalen's Juice Bar), "Registration Date" (1/27/2025, 3:43 PM), and "Registration Status" (Registered). The main content area has a section titled "Lines of Coverage (3)" with three rows of data:

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

Below this is a "View All" link. To the right, under "Action Items", there's a list with "File an Appeal", "File Waiver" (which is highlighted with a red box), "File Reclassification", and "Make A Payment".

At the bottom of the main content area, there are tabs for "Employee Status", "Employee Classification", and "Appeals". Under "Employee Status", there's a section titled "Waivers and Reclassifications (2)" with two rows of data:

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

There's also a "View All" link at the bottom of this section.

Pantalla Account Division (División de cuentas)

El formulario de exención (Waiver Form) consta de tres secciones: "Employee Information" (Información del empleado), "Employment Information" (Información del empleo) y "Employer Information" (Información del empleador).

En la sección "Employee Information", el empleador debe proporcionar los siguientes datos:

- Nombre del empleado
- Apellido
- N.º del SS / ITIN
- Si el empleado es menor de 16 años
 - Si se indica que el empleado es menor de 16 años, el empleador debe proporcionar la fecha de nacimiento del empleado y la dirección de correo electrónico del padre o tutor para que la firme electrónicamente en su nombre.
 - Si el empleado es mayor de 16 años, aparecerá un campo adicional para proporcionar su dirección de correo electrónico.

En la sección "Employment Information", el empleador debe proporcionar los siguientes datos:

- El promedio de horas que se espera que trabaje

- El motivo de la exención
- Si el costo del programa se comparte con los empleados
 - Si el empleador indica que el costo del programa se comparte con los empleados, se requiere la firma electrónica del empleado para completar el proceso. El empleado recibirá un mensaje de correo electrónico con un enlace para completar el proceso de firma electrónica una vez que el empleador haya presentado el formulario de exención en LaborFirst.

Por último, en la sección "Employer Information", el empleador debe proporcionar los siguientes datos:

- Nombre del firmante
- Correo electrónico del empleador

Tras ingresar la información requerida, seleccione "Finish" (Finalizar).

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

Ventana Add Employee Waiver (Aregar exención de empleado)

Después de presentar el formulario de exención en LaborFirst, el empleado recibirá un correo electrónico con un enlace para firmarlo electrónicamente. Recuerde que la firma electrónica del empleado solo se requiere si el empleador indicó que el costo del programa se comparte.

Además, tenga en cuenta que un empleado puede negarse a firmar la exención si considera que debería quedarse en el plan DPL de su empleador. Si el empleado se niega a firmar la

exención, el estado del trámite en el portal del empleador cambiará a "Waiver Refused" (Exención rechazada).

Seleccione "Click Here to Sign" (Haga clic aquí para firmar) para iniciar el proceso de firma electrónica.

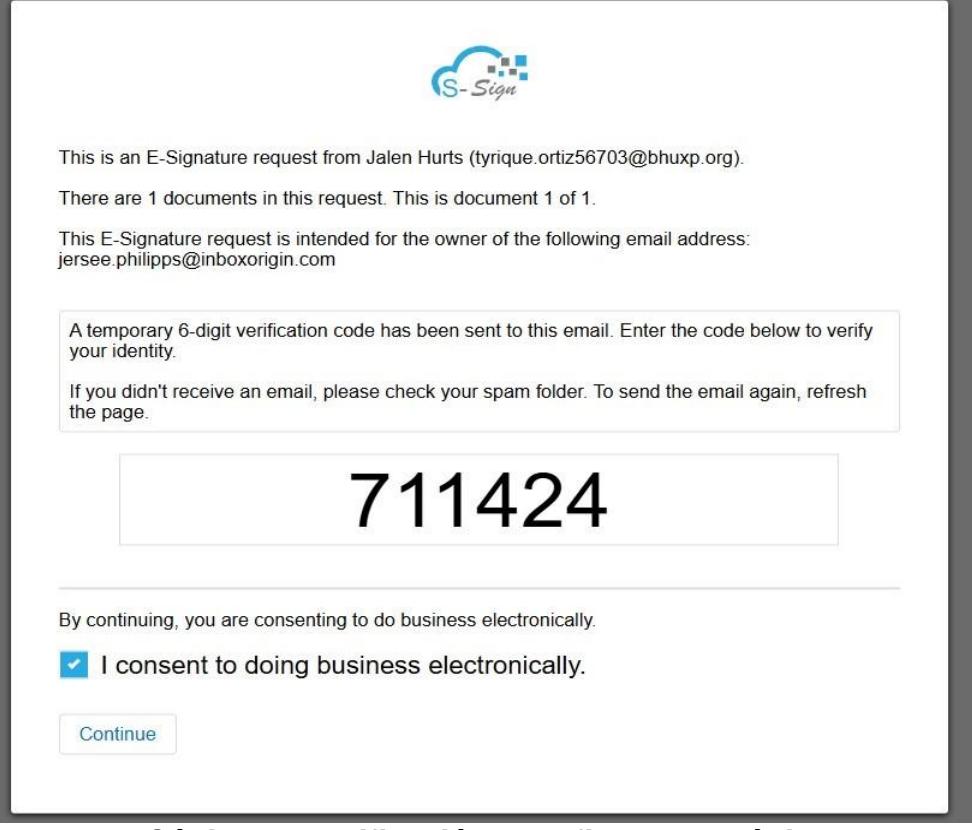
There is a waiver request from Jalen's Juice Bar to exclude you, Saquon Barkley, from the Delaware Paid Leave program because based upon the terms of your employment, you are not expected to be eligible for benefits. You are required to sign the waiver form to complete the process. Please open the link 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](#)

Correo electrónico para firma electrónica

Primero, se solicita a los empleados que ingresen un código de verificación para validar su correo electrónico. El código de verificación se envía al empleado por correo electrónico y debe ingresarse en la pantalla inicial que se muestra a continuación.



The screenshot shows a web-based electronic signature verification interface. At the top center is the S-Sign logo, which consists of a stylized blue 'S' and 'Sign' text. Below the logo, there is a message: "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." Further down, it states: "This E-Signature request is intended for the owner of the following email address: jersee.philipps@inboxorigin.com". A note below this says: "A temporary 6-digit verification code has been sent to this email. Enter the code below to verify your identity." A box contains the text: "If you didn't receive an email, please check your spam folder. To send the email again, refresh the page." In the center of the page is a large, bold, black 6-digit verification code: "711424". Below the code, a horizontal line of text reads: "By continuing, you are consenting to do business electronically." Underneath this line is a checkbox followed by the text: "I consent to doing business electronically." At the bottom left is a "Continue" button.

Código de verificación para firma electrónica

A continuación, se mostrará el formulario de exención para que los empleados lo revisen. Cuando termine de revisar la información, seleccione "Sign Here" (Firme aquí).

The screenshot shows a web-based form for employee signatures. At the top, there are buttons for 'Decline Signature', 'Next', 'Submit', and 'Print'. The main content area has a 'Certification' section with a checkbox and a statement: '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.' Below this, there are fields for 'Employer's Signature' (placeholder: 'John Huett') and 'Date Signed' (02/13/2025). A large blue button labeled 'Sign Here' is positioned between these fields. There is also a field for 'Print Employee's Name' with a placeholder box. The next section, 'Waiver Eligibility and Instructions', contains detailed text about the Healthy Delaware Families Act (HDA) waiver requirements, including sections for 'Parent/Guardian Signature' and 'Date Signed'. A note states: '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 works a schedule or length of employment is not expected to meet the requirements for family and medical leave benefits. An employee who expects to meet the requirements for family and medical leave benefits 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.' It also specifies that to be eligible for paid family and medical leave benefits under the Act, an employee must be employed for at least 12 months by the employer with respect to whom leave is requested; and 1,250 hours of service with the employer during the previous 12-month period. 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 25 hours per week; or (2) an employee is expected to work for less than 12 months with the employer. The source is cited as '19 Del. Admin. C. §3705(b)'.

Firma electrónica del formulario de exención del empleado

Los empleados pueden firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



Firma electrónica del empleado

A continuación, el empleado debe ingresar su nombre y seleccionar "Submit" (Enviar).

Decline Signature Next Submit Print

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: Jalen Hurts Date Signed: 02/13/2025

Employee's Signature: Sageen Barkley Date Signed: 02/13/2025

*Print Employee's Name: Sageen Barkley

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

*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. An employee is not expected to meet the requirements for eligibility for family and medical leave benefits if the 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(b).

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

- (1) 13 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:

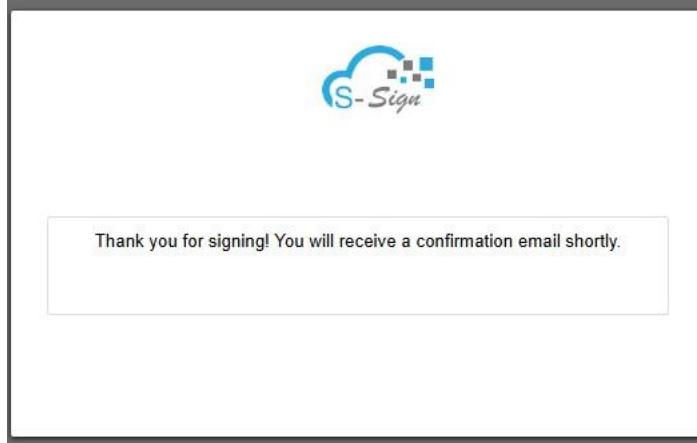
- (1) an employee's regular work schedule averages less than 25 hours per week; or
- (2) an employee is expected to work for less than 12 months with this employer.

19 Del. Admin. C. §1401.6.B.

DPL_WAVER(V1.6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-6375

Firma electrónica del formulario de exención del empleado

Una vez que el empleado haya firmado y completado electrónicamente el formulario de exención, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleado

Pantalla Waiver (Exención)

Los empleadores pueden consultar los detalles de la exención en la sección "Employee Status" (Estado del empleado) de la pantalla "Account Division" (División de cuentas). El campo "Status" (Estado) muestra el estado actual del formulario de exención.

Los estados de una exención son los siguientes:

- **Pending Waiver (Exención pendiente):**
 - El formulario de exención se completó en LaborFirst.
 - Sin embargo, el formulario de exención está pendiente porque el empleado no ha completado la firma electrónica.
- **Waiver (Exención):**
 - El formulario de exención se aprobó.
 - El empleado ha completado el proceso de firma electrónica, si era necesario.
- **Waiver Denied (Exención denegada):**
 - Se ha denegado la exención porque el empleado no cumple con los requisitos de una exención.
- **Waiver Refused (Exención rechazada):**
 - El empleado se negó a firmar el formulario de exención.

The screenshot shows the LaborFirst Account Division interface. At the top, there's a header with the LaborFirst logo and navigation links. Below the header, the main content area has two main sections: "Lines of Coverage" and "Employee Status".

Lines of Coverage (6):

Line of Coverage ID	Line of Coverage	Line of Coverage Status	Effective Date	Action Items
LOC-00517	Parental Leave	Delaware Paid Leave	1/1/2026	File an Appeal
LOC-00518	Medical Leave	Self-Insured	1/1/2026	File Waiver
LOC-00519	Family Caregiver/Qualified Emergency Leave	Self-Insured Pending Approval	1/1/2026	File Reclassification
LOC-00520	Parental Leave	Delaware Paid Leave	1/1/2026	Make A Payment
LOC-00521	Medical Leave	Delaware Paid Leave	1/1/2026	
LOC-00522	Family Caregiver/Qualified Emergency Leave	Private Insurance Pending Approval	1/1/2025	

[View All](#)

Employee Status:

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

Pantalla Account Division (División de cuentas): Sección Employee Status (Estado del empleado)

En "Status ID", seleccione el código de estado asociado al registro de exención correspondiente para acceder a la pantalla "Waiver Record" (Registro de exención).

La siguiente pantalla muestra el registro de exención cuando el estado es "Waiver Denied" (Exención denegada). No hay acciones disponibles en "Action Items" y la carta de denegación de exención ("Waiver Denial Letter") se ha subido a la sección "Notes & Attachments" (Notas y archivos adjuntos). Cuando se deniega la exención, el empleado permanece inscripto en el plan DPL del empleador.

Details		Action Items								
<p>Overview</p> <p>Status Waiver Denied</p> <p>End Date</p>										
<p>Effective Date</p>										
<p>Employee Information</p> <p>Employee First Name Jason</p> <p>SSN XXX-XX-1111</p>										
<p>Employee Last Name Kelce</p> <p>Signer Email gobirds2025@gmail.com</p>										
<p>Employment Information</p> <p>Average No. of Hours Expected Per Week 12.0</p> <p>Temporary Job</p>										
<p>Reason for Waiver This employee does not wish to participate in the Delaware Paid Leave Insurance program.</p> <p>Temporary Job Expected End Date</p>										
<p>Shared Cost No</p>										
<p>Signer Information</p> <p>Employer Name Jalen Hurts</p>										
<p> Notes & Attachments (1)</p> <table border="1"><thead><tr><th>Title</th><th>Type</th><th>Created By</th><th>Last Modified</th></tr></thead><tbody><tr><td> Waiver Denial.pdf</td><td>File</td><td>Jalen Hurts</td><td>2/14/2025, 1:07 PM</td></tr></tbody></table> <p>View All</p>			Title	Type	Created By	Last Modified	 Waiver Denial.pdf	File	Jalen Hurts	2/14/2025, 1:07 PM
Title	Type	Created By	Last Modified							
 Waiver Denial.pdf	File	Jalen Hurts	2/14/2025, 1:07 PM							

Registro de exención: Waiver Denied (Exención denegada)

La pantalla a continuación muestra el registro de exención cuando se aprueba la exención. El estado "Waiver" (Exención) indica que el empleado fue dado de baja del plan DPL. Además, se cargan en el registro una carta de aprobación de exención ("Waiver Approved Letter") y una copia del formulario de exención firmado ("Signed Waiver Form").

 Employee Waiver / Classification
PLEMPS-0398

Details		Action Items
<p>✓ Overview</p> <p>Status: Waiver End Date:</p> <p>Effective Date: 2/13/2025</p> <p>Remove Waiver</p>		
<p>✓ Employee Information</p> <p>Employee First Name: Saquon Employee Last Name: Barkley</p> <p>SSN: XXX-XX-0000 Signer Email: jersee.phipps@inboxorigin.com</p>		
<p>✓ Employment Information</p> <p>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.</p> <p>Temporary Job: Yes Temporary Job Expected End Date: 8 months</p> <p>Shared Cost: Yes</p>		
<p>✓ Signer Information</p> <p>Employer Name: Jalen Hurts</p>		

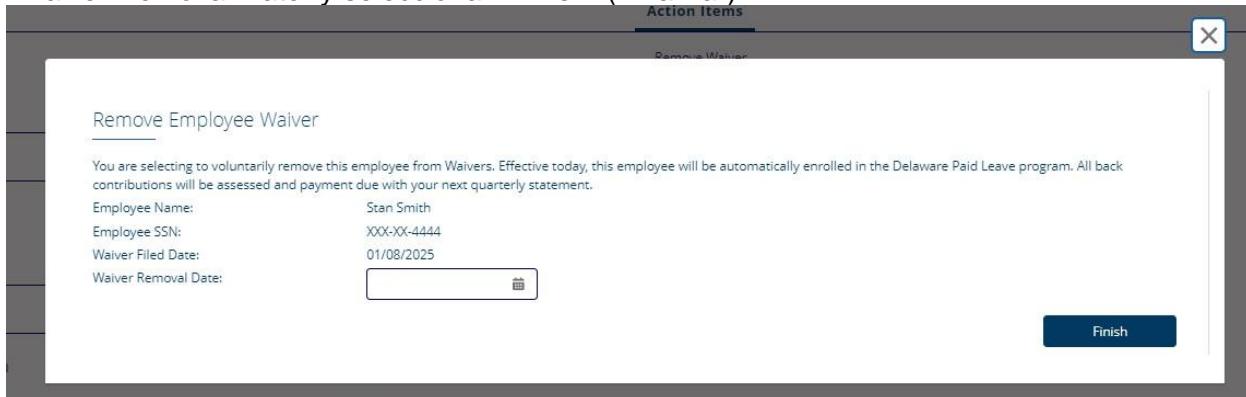
Notes & Attachments (2)			
Title	Type	Created By	Last Modified
 Waiver Approval Fm...	File	Laborforce System	2/13/2025, 12:39 PM
 Signed Waiver Form....	File	S-Sign Site Guest User	2/13/2025, 12:35 PM
View All			

Pantalla Waiver Approved (Exención aprobada)

Eliminación de exención de un empleado

Si las condiciones de empleo cambian, los empleados pueden dejar de estar exentos y reincorporarse al programa DPL. El proceso para eliminar la exención consta de tres pasos: se completa el proceso "Remove Employee Waiver" (Eliminar exención de empleado) en LaborFirst; el empleador proporciona su firma electrónica; y el empleado proporciona su firma electrónica.

En "Action Items" (Acciones disponibles), seleccione "Remove Waiver" (Eliminar exención) para iniciar el proceso. El empleador debe ingresar la fecha de eliminación de la exención en "Waiver Removal Date" y seleccionar "Finish" (Finalizar).



Ventana Remove Employee Waiver (Eliminar exención de empleado)

Una vez presentado el formulario de eliminación de la exención del empleado en LaborFirst, tanto el empleador como el empleado deben firmar electrónicamente para completar el proceso. El empleador recibe un mensaje de correo electrónico con un enlace para completar primero el proceso de firma electrónica.

El empleador debe seleccionar el enlace del correo electrónico para comenzar el proceso de firma electrónica. Revise la información del documento y seleccione "Sign Here" (Firme aquí).

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

Certificación del empleador de la eliminación de exención

El empleado puede firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



Firma electrónica del empleador

A continuación, el empleador debe ingresar su nombre y seleccionar "Submit" (Enviar) en la esquina superior derecha de la pantalla.

Decline Signature Next Input Submit Print

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.

Driving Employer

Employer's Signature: _____ Date Signed: 01/15/2025
 *Print Name: Driving Employer

Employee's Signature: _____ Date Signed:
 *Print Name:

Parent/Guardian Signature: _____ Date Signed:
(requires 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. §1401-8.11.

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 Division Paid Leave program.
 19 Del. Admin. C. §1401-8.11.2.

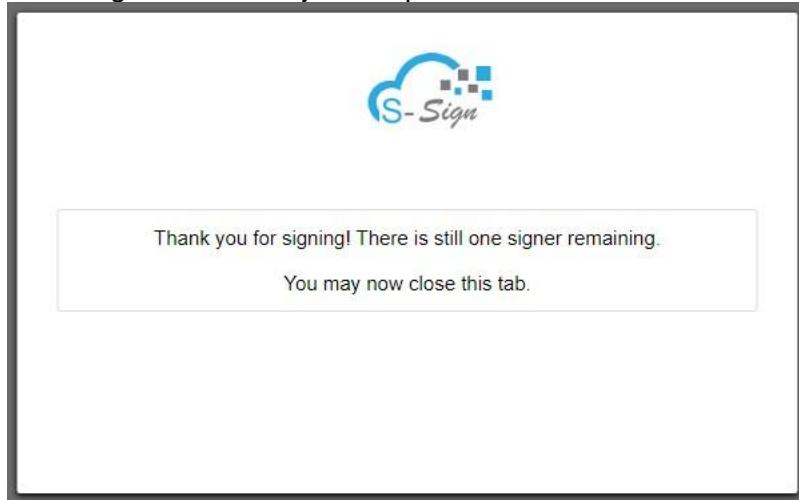
If a Waiver is removed, an employer will be responsible for back contributions for the employee for the period from when the Waiver was filed or 52 weeks from the date the Waiver was removed, whichever is earlier.
 19 Del. Admin. C. §1401-8.11.2.

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. §1401-8.12.

DPL-REMOVAL OF WAIVER(V1.6.24) If you need assistance, contact the Division of Paid Leave at (302) 781-8078

Certificación del empleador de la eliminación de exención

Una vez que el empleado haya firmado y completado electrónicamente el formulario de exención, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleador

Después de que el empleador haya firmado electrónicamente el formulario de eliminación de exención, el empleado recibirá un mensaje de correo electrónico con un enlace para firmarlo electrónicamente y completar el proceso. Como en el caso del empleador, el empleado debe seleccionar el enlace del correo electrónico para comenzar el proceso de firma electrónica. Revise la información del documento y seleccione "Sign Here" (Firme aquí).

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: 01/15/2025
 *Print Name: Thriving Employer *Title: CEO

Employee's Signature:  Date Signed: 01/15/2025
 *Print Name: _____ *Title: _____

Parent/Guardian Signature: _____ Date Signed: _____
(required if the Employee is under 18 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

Certificación del empleado de la eliminación de exención

El empleado puede firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



The screenshot shows a digital signature application. At the top, there is a logo for "S-Sign" with a stylized blue "S" and a cloud-like graphic. Below the logo is a large rectangular input field containing the handwritten signature "Jane Doe". Above this input field, there is a checked checkbox labeled "Text-To-Signature". Below the input field are two buttons: "Cancel" on the left and "Adopt Signature & Go To Next Input" on the right. In the top right corner of the main window, there is a small "Clear" button.

Firma electrónica del empleado

A continuación, el empleado debe ingresar su nombre y seleccionar "Submit" (Enviar) en la esquina superior derecha de la pantalla.

Decline Signature Next Input Submit Print

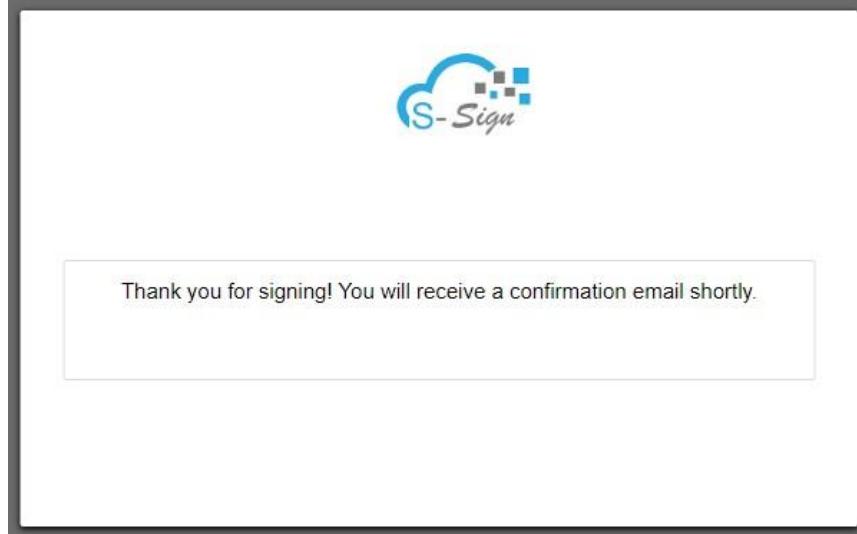
Certification

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:  *Print Name: <input type="text" value="Tanning Employer"/>	Date Signed: <input type="text" value="01/15/2025"/> *Title: <input type="text" value="CEO"/>
Employee's Signature:  *Print Name: <input type="text" value="Christopher Robins"/>	
Parent/Guardian Signature: <small>(required if the Employee is under 18 years of age)</small> *Print Parent/Guardian Name: <small>(required if the Employee is under 18 years of age)</small>	
Removal of Waiver Information	
<small>A Waiver may be voluntarily removed by an employee and employer. 19 Del. Admin. C. §1401-6.11.</small>	
<small>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.</small>	
<small>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 62 weeks from the date the Waiver was removed, whichever is earlier. 19 Del. Admin. C. §1401-6.11.2.</small>	
<small>DPL-REMOVAL-OF-WAIVER(V1.6.24) If you need assistance, contact the Division of Paid Leave at (302) 781-8375</small>	

Certificación del empleado de la eliminación de exención

Una vez que el empleado haya firmado y completado electrónicamente el formulario de exención, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleado

Al finalizar correctamente el proceso de eliminación de la exención, el estado de la exención en "Waiver Status" pasará a ser "Waiver Removed" (Exención eliminada) en LaborFirst y se cargará la correspondencia pertinente a la cuenta.

Pantalla de exención eliminada

Los empleadores pueden consultar los detalles de la exención en la sección "Employee Status" (Estado del empleado) de la pantalla "Account Division" (División de cuentas). El campo "Status" (Estado) muestra el estado actual del formulario de exención.

Los estados de eliminación de una exención son los siguientes:

- **Pending Waiver Removed (Eliminación de exención pendiente):**
 - El formulario de eliminación de exención se completó en LaborFirst.
 - Sin embargo, el formulario de eliminación de exención figura como pendiente porque el empleador o el empleado no han completado el proceso de firma electrónica.
- **Waiver Removed (Exención eliminada):**
 - El formulario de exención se eliminó.
 - Tanto el empleador como el empleado han completado el proceso de firma electrónica.

The screenshot shows the "Account Division" screen with the following details:

- Header:** DELaware LABOR FIRST PFM-L
- User Information:** Marcus Clark
- Section Headers:** Lines of Coverage (6), Action Items, Employee Status, Employee Classification, Appeals, Waivers and Reclassifications (5).
- Lines of Coverage (6):**

Line of Coverage ID	Line of Coverage	Line of Coverage Status	Effective Date	Action Items
LOC-00517	Parental Leave	Delaware Paid Leave	1/1/2026	File an Appeal
LOC-00518	Medical Leave	Self-Insured	1/1/2026	File Waiver
LOC-00519	Family Caregiver/Qualified Emergency Leave	Self-Insured Pending Approval	1/1/2026	File Reclassification
LOC-00520	Parental Leave	Delaware Paid Leave	1/1/2026	Make A Payment
LOC-00521	Medical Leave	Delaware Paid Leave	1/1/2026	
LOC-00522	Family Caregiver/Qualified Emergency Leave	Private Insurance Pending Approval	1/1/2025	
- Employee Status:** This section is highlighted with a red box. It lists five entries corresponding to the "Waivers and Reclassifications" table below.
- Waivers and Reclassifications (5):**

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

Pantalla Account Division (División de cuentas): Sección Employee Status (Estado del empleado)

En "Status ID", seleccione el código de estado asociado al registro de exención correspondiente para acceder a la pantalla "Waiver Record" (Registro de exención).

Una vez que el empleador y el empleado han firmado electrónicamente el formulario de eliminación de exención, el estado de la exención en "Status" cambia a "Waiver Removed" (Exención eliminada). Además, se cargan en el registro la carta de eliminación de exención ("Removal of Waiver Letter") y una copia del formulario de eliminación de exención firmado ("Signed Remove Waiver Form").

 Employee Waiver / Classification
PLEMPS-0777

Details		Action Items																					
<p>✓ Overview</p> <table><tr><td>Status</td><td>Waiver Removed</td><td>Effective Date</td><td>1/15/2025</td></tr><tr><td>End Date</td><td>1/15/2025</td><td></td><td></td></tr></table>			Status	Waiver Removed	Effective Date	1/15/2025	End Date	1/15/2025															
Status	Waiver Removed	Effective Date	1/15/2025																				
End Date	1/15/2025																						
<p>✓ Employee Information</p> <table><tr><td>Employee First Name</td><td>Christopher</td><td>Employee Last Name</td><td>Robins</td></tr><tr><td>SSN</td><td>XXX-XX-8240</td><td></td><td></td></tr></table>			Employee First Name	Christopher	Employee Last Name	Robins	SSN	XXX-XX-8240															
Employee First Name	Christopher	Employee Last Name	Robins																				
SSN	XXX-XX-8240																						
<p>✓ Employment Information</p> <table><tr><td>Average No. of Hours Expected Per Week</td><td>23</td><td>Reason for Waiver</td><td>This employee works or is expected to work less than 24 hours per week on average.</td></tr><tr><td>Temporary Job</td><td><input type="checkbox"/></td><td>Temporary Job Expected End Date</td><td></td></tr><tr><td>Shared Cost</td><td>Yes</td><td></td><td></td></tr></table>			Average No. of Hours Expected Per Week	23	Reason for Waiver	This employee works or is expected to work less than 24 hours per week on average.	Temporary Job	<input type="checkbox"/>	Temporary Job Expected End Date		Shared Cost	Yes											
Average No. of Hours Expected Per Week	23	Reason for Waiver	This employee works or is expected to work less than 24 hours per week on average.																				
Temporary Job	<input type="checkbox"/>	Temporary Job Expected End Date																					
Shared Cost	Yes																						
<p>✓ Signer Information</p> <table><tr><td>Employer Name</td><td>test</td></tr></table>			Employer Name	test																			
Employer Name	test																						
<p> Notes & Attachments (4)</p> <table border="1"><thead><tr><th>Title</th><th>Type</th><th>Created By</th><th>Last Modified</th></tr></thead><tbody><tr><td>Removal of Waiver L...</td><td>File</td><td>goyal ashish</td><td>1/15/2025, 12:21 PM</td></tr><tr><td>Signed Remove Waiv...</td><td>File</td><td>S-Sign Site Site Guest User</td><td>1/15/2025, 12:18 PM</td></tr><tr><td>Waiver Approval Lett...</td><td>File</td><td>goyal ashish</td><td>1/15/2025, 12:12 PM</td></tr><tr><td>Signed Waiver Form....</td><td>File</td><td>S-Sign Site Site Guest User</td><td>1/15/2025, 12:10 PM</td></tr></tbody></table> <p>View All</p>				Title	Type	Created By	Last Modified	Removal of Waiver L...	File	goyal ashish	1/15/2025, 12:21 PM	Signed Remove Waiv...	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
Title	Type	Created By	Last Modified																				
Removal of Waiver L...	File	goyal ashish	1/15/2025, 12:21 PM																				
Signed Remove Waiv...	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																				

Pantalla de exención eliminada

Solicitud de reclasificación

Los formularios de reclasificación les permiten a los empleados que trabajan en forma remota o temporalmente desde otro estado incorporarse al plan de licencias con goce de sueldo de Delaware (Delaware Paid Leave, DPL) de su empleador. El proceso de reclasificación consta de tres pasos: se completa el formulario de reclasificación ("Reclassification Form") en LaborFirst; el empleador proporciona su firma electrónica; y el empleado proporciona su firma electrónica.

En la sección "Action Items" (Acciones disponibles) de la pantalla "Account Division" (División de cuentas), seleccione la opción "File Reclassification" (Solicitar reclasificación) para iniciar el proceso.

El empleador debe completar el formulario "Reclassify Employee" (Reclasificar empleado) en LaborFirst con la información del empleado, la información del empleo y la información del empleador, y luego seleccionar "Finish" (Finalizar).

En la sección "Employee Information", el empleador debe proporcionar los siguientes datos:

- Nombre del empleado
- Apellido del empleado
- N.º de SS / ITIN del empleado
- Si el empleado es menor de 16 años
 - Nota: Si se indica que el empleado es menor de 16 años, el empleador debe proporcionar la fecha de nacimiento del empleado y la dirección de correo electrónico del padre o tutor para que la firme electrónicamente en su nombre.

En la sección "Employment Information", el empleador debe proporcionar los siguientes datos:

- Fecha de contratación
- Fecha de inscripción original del empleado en el plan DPL
- Si el empleado trabaja en forma remota o desde su hogar
 - Si selecciona "Yes" (Sí), aparecerá un campo adicional para que el empleador especifique el promedio de días que el empleado trabaja desde la casa.
- Si se ha asignado al empleado para que trabaje temporalmente desde otro estado
 - Si selecciona "Yes" (Sí), el empleador debe proporcionar la fecha de finalización prevista de la asignación.
- Si el empleado está sujeto al programa de licencia por razones médicas y familiares con goce de sueldo (Paid Family and Medical Leave, PFML) de otro estado
 - Si responde "Yes" (Sí), el formulario de reclasificación se rechaza automáticamente y el estado cambia a "Reclassification Denied" (Reclasificación denegada) en LaborFirst.
- Motivo de reclasificación del empleado

La última sección de la pantalla es "Employer Information" (Información del empleador). Aquí, el empleador debe proporcionar los siguientes datos:

- Nombre del firmante
- Correo electrónico del empleador
- Número telefónico del empleador
- Si trabaja por cuenta propia

Ingrese la información requerida y seleccione "Finish" (Finalizar).

Date 11:41

Reclassify Employee

The purpose of a reclassification is to allow a non-eligible employee to participate in Delaware Paid Leave program. To reclassify and enroll an employee in the Delaware Paid Leave program, please complete the following information. An employee subject to another State's Paid Family and Medical Leave program is not eligible to reclassify.

✓ Employee Information

* First Name * Last Name

* SSN

* Is the Employee under 16 years of age?
 Yes
 No

✓ Employment Information

* Date of Hire

* Date originally enrolled in delaware paid leave with this employer

* Does this employee telecommute/work from home

* Is this employee temporarily on out of state assignment?

* Is employee subject to another state's paid family and medical leave program?

* Please provide reason for reclassifying employee:
 Previously enrolled in the DPL program - changing work from home schedule
 Previously enrolled in the DPL program - temporarily on out of state assignment
 New hire - full time (more than 60%) telecommuting out of state
 New hire immediately sent on temporarily assignment out of state
 Non - Delaware employee who wants to participate in the plan

✓ Employer Information

* Signer Name * Employer Email

* Employer contact phone number * Self-employed?

[Finish](#)

Ventana de reclasificación

Una vez presentado el formulario de reclasificación en LaborFirst, tanto el empleador como el empleado deben firmarlo electrónicamente para completar el proceso. El empleador recibe un mensaje de correo electrónico con un enlace para completar primero el proceso de firma electrónica.

Seleccione el enlace del correo electrónico para comenzar el proceso de firma electrónica. Revise la información del documento y seleccione "Sign Here" (Firme aquí).

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 (V1.0.24) If you need assistance, contact the Division of Paid Leave at (302) 761-8375

Pantalla de firma electrónica del formulario de reclasificación del empleador

El empleador puede firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



Firma electrónica del empleador

A continuación el empleador debe ingresar su nombre y seleccionar "Submit" (Enviar).

Decline Signature Next Input Submit Print

DPL-RECLASSIFICATION (V1.6.24) If you need assistance, contact the Division of Paid Leave at (302) 761-6375

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 signing this form, I am electing to participate 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.

Grand Gates

Employee's Signature: Date Signed: 01/13/2025
 Print Name: Title:

Employer's Signature: Date Signed:
 Parent/Guardian Signature: Date Signed:
 (Select if Employee is Under 18 years of age)
 Print Parent/Guardian Name:

Reclassification Eligibility and Instructions

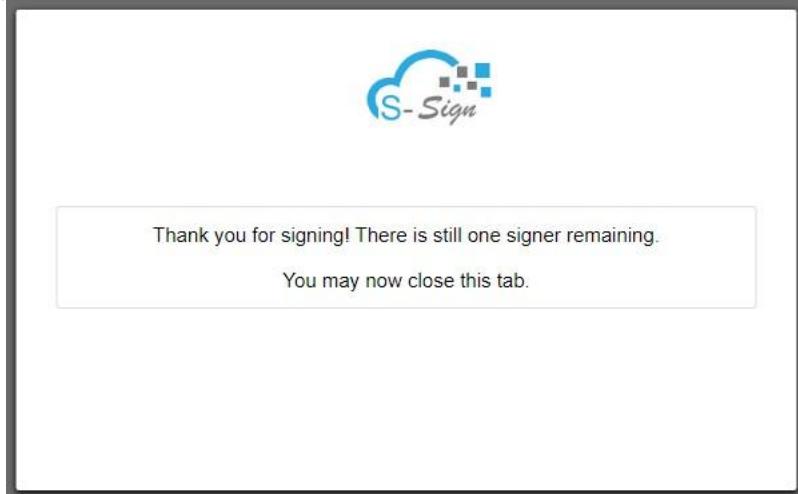
The purpose of a reclassification is to either:

- (1) Continue to provide paid family and medical leave coverage for those Delaware-based employees who are normally assigned to an out-of-state location; or
- (2) Make available coverage for 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.

Pantalla de firma electrónica del formulario de reclasificación del empleador

Una vez que el empleador haya firmado y completado electrónicamente el formulario de reclasificación, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleador

Después de que el empleador haya firmado electrónicamente el formulario de reclasificación, el empleado recibirá un mensaje de correo electrónico con un enlace para firmarlo electrónicamente y completar el proceso. Como en el caso del empleador, el empleado debe seleccionar el enlace del correo electrónico para comenzar el proceso de firma electrónica. Revise la información del documento y seleccione "Sign Here" (Firme aquí).

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.
- Upon enrollment, my employer will contribute to my participation 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: *Grand Gates* Date Signed: 01/13/2025
 Print Name: **Sign Here*** Title:

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

- 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
- 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

Pantalla de firma electrónica del formulario de reclasificación del empleado

El empleado puede firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



Firma electrónica del empleado

A continuación, el empleado debe ingresar su nombre y seleccionar "Submit" (Enviar) en la esquina superior derecha de la pantalla.

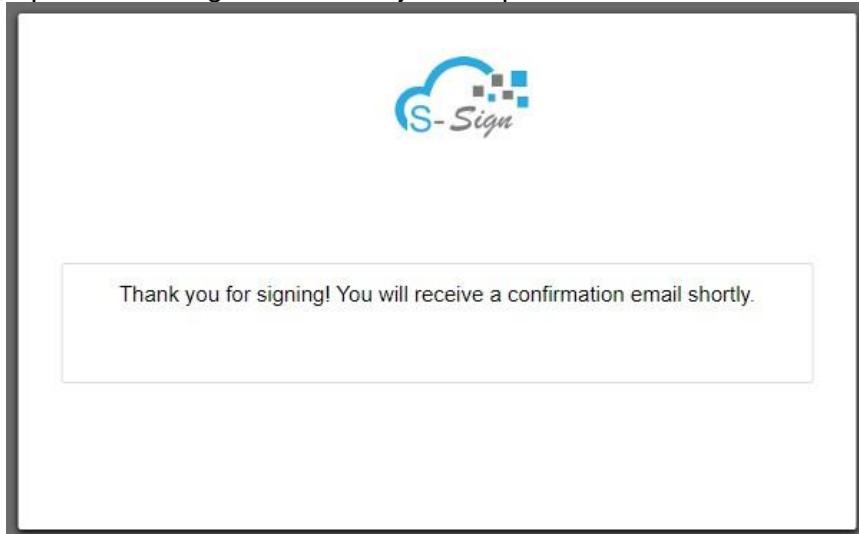
Decline Signature Next Input Submit Print

Employee Affirmation <p>I understand and agree to the following:</p> <ul style="list-style-type: none"> • I am an employee of an employer with Delaware-based employees. • I am signing this Reclassification form freely and voluntarily. • If doing so, I will receive or will continue to receive payment in the Delaware Paid Leave program. • Upon enrollment, I may be subject to payroll contributions of up to 5% 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 <p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Driving Employer Employer's Signature:  Print Name: Driving Employer </td> <td style="width: 50%; padding: 5px;"> Date Signed: 01/15/2025 Title: Business Analyst </td> </tr> <tr> <td style="padding: 5px;"> Employee's Signature:  Print Name: Kelly Williams </td> <td style="padding: 5px;"> Date Signed: 01/15/2025 Title: Associate Consultant </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Parent/Guardian Signature: <small>(required if Employee is under 18 years of age)</small> Print Parent/Guardian Name: </td> </tr> </table>		Driving Employer Employer's Signature:  Print Name: Driving Employer	Date Signed: 01/15/2025 Title: Business Analyst	Employee's Signature:  Print Name: Kelly Williams	Date Signed: 01/15/2025 Title: Associate Consultant	Parent/Guardian Signature: <small>(required if Employee is under 18 years of age)</small> Print Parent/Guardian Name:	
Driving Employer Employer's Signature:  Print Name: Driving Employer	Date Signed: 01/15/2025 Title: Business Analyst						
Employee's Signature:  Print Name: Kelly Williams	Date Signed: 01/15/2025 Title: Associate Consultant						
Parent/Guardian Signature: <small>(required if Employee is under 18 years of age)</small> Print Parent/Guardian Name:							
Reclassification Eligibility and Instructions <p>The purpose of a reclassification is to either:</p> <ol style="list-style-type: none"> (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 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. <p>19 Del. Admin. C. §1401-d.15.1.</p>							

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

Pantalla de firma electrónica del formulario de reclasificación del empleado

Una vez que el empleado haya firmado y completado electrónicamente el formulario de reclasificación, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleado

Pantalla de reclasificación

Los empleadores pueden consultar los detalles de la reclasificación en la sección "Employee Status" (Estado del empleado) de la pantalla "Account Division" (División de cuentas). El campo "Status" (Estado) muestra el estado actual del formulario de reclasificación.

Los estados de reclasificación son los siguientes:

- **Pending Reclassification (Reclasificación pendiente):**
 - El formulario de reclasificación se completó en LaborFirst.
 - Sin embargo, el formulario de reclasificación está pendiente porque el empleador o el empleado no han completado el proceso de firma electrónica.
- **Reclassification (Reclasificación):**
 - El formulario de reclasificación se aprobó.
 - Tanto el empleador como el empleado han completado el proceso de firma electrónica.
- **Reclassification Denied (Reclasificación denegada):**
 - Se ha denegado la reclasificación porque el empleado no cumple con los requisitos de una reclasificación.

En "Status ID", seleccione el código de estado asociado al registro de reclasificación correspondiente para ver los detalles.

Nota: En "Action Items", no hay acciones disponibles para el registro de reclasificación si el estado es "Denied" (Denegado). Además, se carga en el registro la carta de denegación de reclasificación ("Reclassification Denial Letter").



Details		Action Items						
<p>✓ Overview</p> <table><tr><td>Status Reclassification Denied</td><td>Effective Date</td></tr><tr><td>End Date</td><td></td></tr></table>			Status Reclassification Denied	Effective Date	End Date			
Status Reclassification Denied	Effective Date							
End Date								
<p>✓ Employee Information</p> <table><tr><td>Employee First Name Randy</td><td>Employee Last Name Rawlins</td></tr><tr><td>SSN XXX-XX-4098</td><td></td></tr></table>			Employee First Name Randy	Employee Last Name Rawlins	SSN XXX-XX-4098			
Employee First Name Randy	Employee Last Name Rawlins							
SSN XXX-XX-4098								
<p>✓ Employment Information</p> <table><tr><td>Reason for Reclassification Non - Delaware employee who wants to participate in the plan;</td><td>Date of Hire 1/1/2025</td></tr><tr><td>Date of Enrollment into DPL 1/1/2025</td><td>Average Days Working From Home</td></tr><tr><td>Temporary Assignment End Date</td><td></td></tr></table>			Reason for Reclassification Non - Delaware employee who wants to participate in the plan;	Date of Hire 1/1/2025	Date of Enrollment into DPL 1/1/2025	Average Days Working From Home	Temporary Assignment End Date	
Reason for Reclassification Non - Delaware employee who wants to participate in the plan;	Date of Hire 1/1/2025							
Date of Enrollment into DPL 1/1/2025	Average Days Working From Home							
Temporary Assignment End Date								
<p>✓ Signer Information</p> <table><tr><td>Employer Name test</td></tr></table>			Employer Name test					
Employer Name test								

Notes & Attachments (1)			
Title	Type	Created By	Last Modified
PDF Reclassification Deni... File		Grant Gates	1/13/2025, 9:59 AM <input type="button" value="View All"/>
View All			

Pantalla de reclasificación denegada

Si el estado es "Reclassification" (Reclasificación), significa que el formulario de reclasificación se aprobó y, por lo tanto, el empleado se agregó al plan DPL. Además, se suben a la sección "Notes & Attachments" (Notas y archivos adjuntos) del registro la carta de aprobación de reclasificación ("Reclassification Approved Letter") y una copia del formulario de reclasificación firmado.



Employee Waiver / Classification
PLEMPS-0706

Details		Action Items															
<p>▼ Overview</p> <table><tr><td>Status Reclassification</td><td>Effective Date 1/13/2025</td><td>Declassify Employee</td></tr><tr><td>End Date</td><td colspan="2"></td></tr></table>			Status Reclassification	Effective Date 1/13/2025	Declassify Employee	End Date											
Status Reclassification	Effective Date 1/13/2025	Declassify Employee															
End Date																	
<p>▼ Employee Information</p> <table><tr><td>Employee First Name Michelle</td><td>Employee Last Name Myers</td></tr><tr><td>SSN XXX-XX-9999</td><td colspan="2"></td></tr></table>			Employee First Name Michelle	Employee Last Name Myers	SSN XXX-XX-9999												
Employee First Name Michelle	Employee Last Name Myers																
SSN XXX-XX-9999																	
<p>▼ Employment Information</p> <table><tr><td>Reason for Reclassification Previously enrolled in the DPL program - temporarily on out of state assignment:</td><td>Date of Hire 1/1/2025</td></tr><tr><td>Date of Enrollment into DPL 1/1/2025</td><td>Average Days Working From Home</td></tr><tr><td>Temporary Assignment End Date 2/28/2025</td><td></td></tr></table>			Reason for Reclassification Previously enrolled in the DPL program - temporarily on out of state assignment:	Date of Hire 1/1/2025	Date of Enrollment into DPL 1/1/2025	Average Days Working From Home	Temporary Assignment End Date 2/28/2025										
Reason for Reclassification Previously enrolled in the DPL program - temporarily on out of state assignment:	Date of Hire 1/1/2025																
Date of Enrollment into DPL 1/1/2025	Average Days Working From Home																
Temporary Assignment End Date 2/28/2025																	
<p>▼ Signer Information</p> <table><tr><td>Employer Name Grant</td></tr></table>			Employer Name Grant														
Employer Name Grant																	
<p>Notes & Attachments (2)</p> <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>ppr Reclassification Appr...</td><td>File</td><td>goyal ashish</td><td>1/13/2025, 9:54 AM</td><td><input type="button" value="View"/></td></tr><tr><td>ppr Signed Reclassificati...</td><td>File</td><td>S-Sign Site Site Guest User</td><td>1/13/2025, 9:52 AM</td><td><input type="button" value="View"/></td></tr></tbody></table> <p>View All</p>			Title	Type	Created By	Last Modified		ppr Reclassification Appr...	File	goyal ashish	1/13/2025, 9:54 AM	<input type="button" value="View"/>	ppr Signed Reclassificati...	File	S-Sign Site Site Guest User	1/13/2025, 9:52 AM	<input type="button" value="View"/>
Title	Type	Created By	Last Modified														
ppr Reclassification Appr...	File	goyal ashish	1/13/2025, 9:54 AM	<input type="button" value="View"/>													
ppr Signed Reclassificati...	File	S-Sign Site Site Guest User	1/13/2025, 9:52 AM	<input type="button" value="View"/>													

Pantalla de reclasificación aprobada

Desclasificación de un empleado

La pantalla "Reclassification Approved" (Reclasificación aprobada) también incluye la opción "Declassify Employee" (Desclasificar empleado). Esto le permite al empleador quitar del plan DPL a la persona previamente reclasificada. El proceso de desclasificación de empleados consta de dos partes: se completa el formulario de desclasificación (Declassification Form) en LaborFirst y el empleador completa el proceso de firma electrónica.

El empleador debe seleccionar "Declassify Employee" (Desclasificar empleado) e ingresar la fecha de desclasificación ("Declassification Date"). Además, el empleador debe proporcionar el motivo de la desclasificación en "Reason for Declassification" y seleccionar "Finish" (Finalizar).

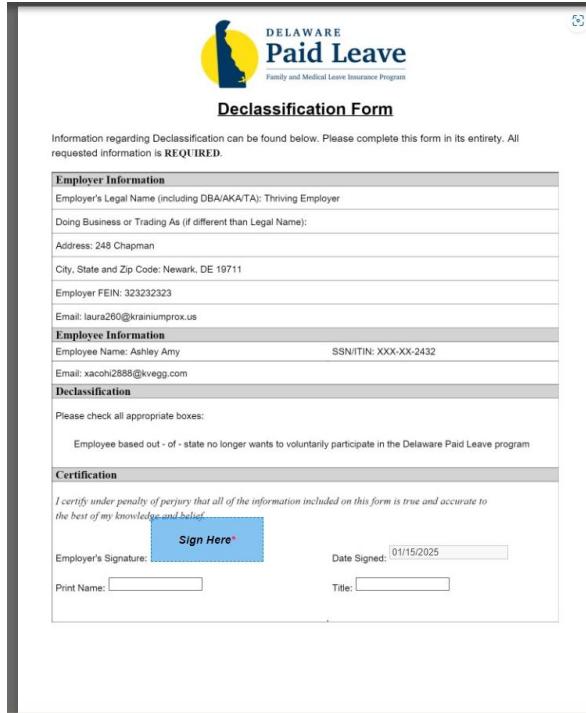
The screenshot shows a modal window titled 'Declassify Employee'. It contains the following information:

- Employee Name:** Sarah Perkins
- Employee SSN:** XXX-XX-3409
- Reclassification Date:** 01/14/2025
- *Declassification Date:** 01/14/2025
- Reason for Declassification:**
 - Employee was terminated
 - Employee based out - of - state no longer wants to voluntarily participate in the Delaware Paid Leave program
 - Employee returned to work in Delaware from an out - of - state assignment
 - Change in employee's work schedule to now work at least 60% of hours in Delaware
- Finish** button

Ventana Declassify Employee (Desclasificar empleado)

Una vez presentado el formulario de desclasificación en LaborFirst, SOLO el empleador debe firmarlo electrónicamente y completar el proceso haciendo clic en un enlace que recibirá por correo electrónico.

Seleccione el enlace del correo electrónico para comenzar el proceso de firma electrónica. Revise la información del documento y seleccione "Sign Here" (Firme aquí).



The screenshot shows the 'Declassification Form' page from the Delaware Paid Leave website. At the top is the Delaware Paid Leave logo with the text 'Family and Medical Leave Insurance Program'. Below it is the section title 'Declassification Form'. A note below the title states: 'Information regarding Declassification can be found below. Please complete this form in its entirety. All requested information is REQUIRED.' The form is divided into several sections:

- Employer Information**: Fields include Employer's Legal Name (Thriving Employer), Doing Business or Trading As, Address (248 Chapman), City, State and Zip Code (Newark, DE 19711), Employer FEIN (323232323), and Email (laura260@krainiumprom.us).
- Employee Information**: Fields include Employee Name (Ashley Amy), SSN/TIN (XXX-XX-2432), and Email (xacon2888@kvegg.com).
- Declassification**: A note asks to check all appropriate boxes, followed by a checkbox for 'Employee based out - of - state no longer wants to voluntarily participate in the Delaware Paid Leave program'.
- Certification**: A note states '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.' Below this is a blue button labeled 'Sign Here*'. Input fields for Employer's Signature, Date Signed (01/15/2025), Print Name, and Title are also present.

Pantalla de firma electrónica del formulario de desclasificación del empleador

El empleador puede firmar a mano o seleccionar la opción "Text-To-Signature" (Texto a firma). Seleccione "Adopt Signature and Go To Next Input" (Adoptar firma e ir a la siguiente entrada) para continuar.



Firma electrónica del empleador

A continuación, el empleador debe ingresar su nombre y seleccionar "Submit" (Enviar).

[Decline Signature](#)
 [Next Input](#)
 [Submit](#)
 [Print](#)



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: laura200@xanumprox.us	
Employee Information	
Employee Name: Ashley Amy	SSN/TIN: XXX-XX-2432
Email: xacoh2888@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.	
<i>Thriving Employer</i>	
Employer's Signature:	Date Signed: 01/15/2025
Print Name: _____	Title: _____

Pantalla de firma electrónica del formulario de desclasificación del empleador

Una vez que el empleador haya firmado y completado electrónicamente el formulario de desclasificación, aparecerá el siguiente mensaje en la pantalla.



Mensaje de firma electrónica exitosa del empleador

Una vez que se ha completado correctamente el proceso de desclasificación del empleado, el estado en LaborFirst cambia a "Declassified" (Desclasificado) y la correspondencia pertinente se carga en el registro.

Pantalla de desclasificación

Los empleadores pueden consultar los detalles de la desclasificación en la sección "Employee Status" (Estado del empleado) de la pantalla "Account Division" (División de cuentas). El campo "Status" (Estado) muestra el estado actual del formulario de reclasificación.

Los estados de desclasificación son los siguientes:

- **Pending Declassification (Desclasificación pendiente):**
 - El formulario de desclasificación se completó en LaborFirst.
 - Sin embargo, el formulario de desclasificación está pendiente porque el empleador o el empleado no han completado el proceso de firma electrónica.
- **Declassification (Desclasificación):**
 - El empleado se ha desclasificado.
 - Tanto el empleador como el empleado han completado el proceso de firma electrónica.

En "Status ID", seleccione el código de estado asociado al registro de desclasificación correspondiente para ver los detalles.

The screenshot shows the "Employee Waiver / Classification" page with the status code "PLEMP-0748". The page is divided into sections: Details, Action Items, Overview, Employee Information, Employment Information, and Signer Information. The "Details" section shows the status as "Declassified" and the effective date as "1/14/2025". The "Employee Information" section shows the employee's first name as "Ashley" and last name as "Amy". The "Employment Information" section shows the reason for reclassification as "Employee based out - of - state no longer wants to voluntarily participate in the Delaware Paid Leave program.", the date of hire as "1/1/2025", and the average days working from home as "4". The "Signer Information" section shows the employer's name as "Employer". The "Notes & Attachments" section contains four entries, each with a file icon, title, type, created by, and last modified date. The titles include "Declassification App...", "Signed Declassify Fo...", "Reclassification Appr...", and "Signed Reclassificati...". The last modified dates range from "1/15/2025, 10:18 AM" to "1/14/2025, 2:44 PM".

Title	Type	Created By	Last Modified
Declassification App...	File	LaborFirst System	1/15/2025, 10:18 AM
Signed Declassify Fo...	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

Pantalla de desclasificación