

Appeal Form

If you disagree with the Division of Paid Leave's decision regarding your private plan application, you may appeal the decision to the Family and Medical Leave Appeal Board ("Board") by completing this form. You must explain why you disagree. After completing this form, please sign, date, and submit the form via email to PFMLAppeals@delaware.gov and send an electronic copy the PFML@delaware.gov email mailbox. Only electronically filed appeals will be accepted. Do not mail or hand-delivered this appeal form. YOU HAVE 30 DAYS FROM THE DATE ON YOUR DENIAL LETTER OR DECISION EMAIL TO FILE AN APPEAL.

Section 1 – Appellant/Employer Information	
Employer Name:	
Employer EIN/SSN:	Phone Number:
Contact Person:	Email:
Do you need an interpreter? ☐ Yes ☐ No	If yes, preferred language?
Do you have a representative for this case? ☐ Yes ☐ No	
DE Bar ID#:	
Representative Name:	
Representative Email:	Representative Phone Number:
Section 2 – Appellant/Employer Statement	
Instructions: Explain the reason for your appeal and why you disagree with the decision. (If you need additional space for your statement, please upload in Section 3).	

Section 3 – Additional Documentation Instructions: Please attach to your email any additional documentation that you are relying upon that has NOT been	
previously submitted to the Division of Paid Leave. Please 1. 2.	list the additional documents being submitted here:
3.	
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.	
Signature:	Date:
Title:	