



DELAWARE Paid Leave

Family and Medical Leave Insurance Program

Grandfathering Application Appeal Form

If you disagree with the denial of your grandfathering application, you may appeal the decision to the Secretary of Labor by completing this form. You must explain why you disagree and why you believe your paid leave benefit is comparable to the Delaware Paid Leave plan. Once completed, please sign, date, and submit the form via email to PFMLAppeals@delaware.gov. 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 TO FILE AN APPEAL.** You can read more about the appeals process in the [Grandfathering Appeals FAQs](#) located on the Division of Paid Leave's website.

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, including why your paid leave benefit is comparable to the Delaware Paid Leave plan. (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 list the additional documents being submitted here:

- 1.
- 2.
- 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: _____