

DC PAID FAMILY LEAVE: Online Application Step-by-Step Process

The application for DC Paid Family Leave (DC PFL) can be a bit overwhelming. We have created this step-by-step document to help you navigate the process. Below you will find images and steps on what to expect when applying for DC Paid Family Leave.

When to apply?

In order to receive full benefits, you should apply as soon as possible after a qualifying event occurs.

Apply through the Office of Paid Family Leave online, by phone, or at an American Jobs Center within <u>30 days of the event.</u>

Example: Parental Leave Benefits: 12 weeks of paid family leave. DC PFL Office number: 202-899-3700 (Apply by Phone Call)

DC PAID FAMILY LEAVE: Online Application Step-by-Step process

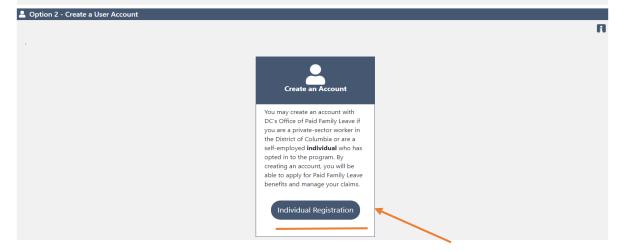
Step 1:

https://does.pflbas.dc.gov/vosnet/Default.aspx

Click -> Sign In / Register.



Step 2: Click on option 2 – Create a User Account / Individual Registration



Step 3: Click – I AGREE

🚹 Information 🙀 Home 🔮 Accessibility 🕐 My Dashboard 🖚 Segister or Sign in	
dc paid SPrivacy Agreement and Confidentiality Notice	
I authorize the Department of Employment Services (DOES) to use the information I provide on this form to determine my eligibility (or the eligibility of the individual for whom I serve as authorized representative) for DC Paid family Leave benefits and for other purposes necessary to administer the paid-leave program. I understand that some of this information may be deemed confidential under federal or District law. DOES is legally obligated to take all reasonable measures to ensure that this confidential information in provide multiplication or benefit claim will be confidential inder federal or District law. DOES is legally obligated to take all reasonable measures to ensure that this confidential information is provide multiplication or benefit claim will be confidential inder federal or District law. DOES is legally obligated to take all reasonable measures to ensure that this confidential information is provide multiplication or benefit claim will be confidential inder the provide on the information provide multiplication or benefit claim will be confidential inder the other and available only to public employees when necessary to perform their official duties.	
1 Agree 1 Disagree	

Step 4: Fill out - the form - SSN or ITIN -> Click next ->

Expansion of Benefits Update: The maximur		lable in a year has increased l leave dates that begin on					to receive expanded leave, you must file a $ imes$
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	Eligibility	Registration	PFL Claim	Work History	Certification	Complete	_
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Social Security Number							
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*Re-enter Social Security Number:							
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Step 5: Login information: username, password, security question, question response and PIN ID. Click -> next

Expansion of Benefits Upd					eks. This increase applies to a D22, and provide documenta		mily leave types. In order to receive expanded leave, for the additional leave.
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		formation (PII) as your user n s information with anyone fo		will need your user name	and password for all future ac	tivities in the system. To ensu	re account security, we strongly urge you to keep your u
Login Informat	ion			٦			
* User Name:							
* Password:		• 64 characters, and must ir					
*Confirm Password:	uppercase and one	e lowercase letter. Allowable	characters are # \$ % ^ .	┝			
* Security Question:	None Selected	-]				
* Security Question Response:	Special characters	are not allowed.					
PIN ID:	•						
	Enter a 4 digit num	hber					

Step 6: Primary Location and email address and demographic information click -> next

	aased from 8 weeks to 12 weeks. This increase applies to all parental, medical, and family leave types. In order to receive expanded leave 1 on or after September 25, 2022, and provide documentation to support your need for the additional leave.
	nformation
Enter a 4 digit number	
Primary Location Information	
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*Country: United States	
* Please enter your zip code:	
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E-mail Address	
* Primary E-mail:	
* Confirm Primary	
E-mail Address:	

Demonstratio		
Demographic	Information	R
*Date of Birth:		
Age:		
*Gender:	O Female O Male O Prefer to self-describe	
	Next >>	
	Return to Home	Nor the

Step 7: First name and last name. Click -> next

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fa	dc paid 😯	Please enter 1	the following contact info	ormation and click	the Next button whe	n you are finished.	
				Paid Family Leave Cl	aim Filing Process		
		Eligibility	Registration	PFL Claim	Work History	Certification	Complete
* First Name: Middle Initial:							
* Last Name:							
				<< Back	Next >>		
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Step 8: Residential address and mailing address. Click -> next

Expansion of Benefits Upda			ilable in a year has increased d leave dates that begin on				mily leave types. In order to receiv for the additional leave.
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				Paid Family Leave C	laim Filing Process		
		Eligibility	Registration	PFL Claim	Work History	Certification	Complete
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Residential Add	ress						
This is where you live.							
*Address Line 1 :							
Address Line 2:							
	Apt #, Lot #, Building #	ŧ, Suite #					
*Zip Code:	20171 Einc	t zip code (Opens in a	new window)				
* City:	Herndon						
* State:	Virginia	•					
Ward / Borough:	None Selected 👻 🚺	Ward Lookup]					
* Country:	United States	•					
*Address Validation:	Original OSuc	aaested					

Expansion of Benefits Upd	ate: The maximum amount of paid leave available in a year has increased from 8 weeks to 12 weeks. This increase applies to all parental, medical, and family leave types. In order to receive expanded leave, you must file a X new claim with requested leave dates that begin on or after September 25, 2022, and provide documentation to support your need for the additional leave.
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Address Line 2:	
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* City:	Herndon
*State:	Virginia •
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	20171
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Step 9: Primary Phone / Alternate Phone. Click -> next

Expansion of Benefits Updat							pplies to all parental, medical, and ocumentation to support your nee		to receive expanded leave, yo
			A Information	삼 Home	(f) Accessibility	🕢 My Dashboard	➔ Register or Sign in		
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Phone Numbers * Primary Phone: * Primary Phone Type: Alternate Phone:	None Selected	Ext:							
Alternate Phone Type:	None Selected 🔹								
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Step 10: Preferred Notification Method

Expansion of Benefits Update: The maximum amou new	nt of paid leave available in claim with requested leave					
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dc paid 💙 family leave	Please enter the fol	lowing information I	below and click the	Next button when y	ou are finished.	
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★ Indicates required fields.	•	0		0		For help clic
Preferred Notification Method						
*How would you prefer to receive notifications and communications?	-					
Go paperless by selecting email or internal message these methods will provide you with real-time notifie		communication. Using				

	new claim with request		mation 🕋 Home 🚯 Accessibili	y 🚺 My Dashboard →Ĵ Register	or Sign in		
dc paid family leave	Please enter	the following informa	tion below and click	the Next button when	you are finished.		
			Paid Family Leave	Claim Filing Process			
	Eligibility	Registration	PFL Claim	Work History	Certification	Complete	_
★ Indicates required fields.							For help click the
Ethnic Origin							
*Are you of Hispanic or Latino O Yes heritage?	O No O I do not wish	to answer					
Race							
apply: Ame	aiian/Other Pacific Islander	2					
Language Preference *Do you require assistance in O Yes	O No						
a language other than English?							
Marital Status * What is your marital status? None Selecter	d 🔻						
			<< Back	Next >>			
			Return	to Home			

Step 11: Ethnic origin, race, language preference and marital status

Step 12: Payment information. If you choose direct deposit. - In this section you have to provide your bank account information such as: routing number and account number.

Expansion of Benefits Update: The maximum					plies to all parental, medical, and factorial and factorial to support your need		o receive expan
		A Information	삼 Home 🕕 Accessibility	My Dashboard	CREgister or Sign in		
dc paic family leave	Please answer	the questions below and	click the Next bu	tton to contine	le.		
			Paid Family Leave C	aim Filing Process			
	Eligibility	Registration	PFL Claim	Work Histor	/ Certification	Complete	
★ Indicates required fields.	•	0	0	0	0	0	For he
Payment Information							
*What type of benefit payment would you like to receive?	 Direct Deposit Prepaid Debit Card 						

Step 13: Electronic Tax form consent: is the option to withhold federal taxes. "Any Paid Family Leave benefits you receive count as income subject to federal taxes. You can opt to have those taxes withheld now, similar to your regular paycheck, or you can decline withholdings. If you decline withholdings, you will have to pay any federal taxes you owe when you file your tax return at the end of the year."

Form 1099G is a tax form that is being used to report the benefits you received in a tax year. You may consent to receive the 1099G tax form electronically instead of in the mail.

This choice is optional. If you don't want to consent, you will receive it by mail to the address that you provide in this application. You may withdraw your consent at <u>ANY TIME</u> by changing your account preferences using this portal or by contacting the office of Paid Family Leave.

Tax withholding and authorized representative. Click next.

	d from 8 weeks to 12 weeks. This increase applies to all parental, medical, and family leave types. In order to receive expanded leave, you must or after September 25, 2022, and provide documentation to support your need for the additional leave.
▲ Informal	nation 👫 Home 🕥 Accessibility 🕐 My Dashboard 🖈 Register or Sign in
Electronic Tax Form Consent	
consent, we will mail the 1099G to you at the close of the tax year to the address we have on file for you with the Office of Paid Family Leave this year and in all tax years in the future. You may withdraw your co by phone at 202.899.3700. When a 1099G has been created for you, we will send you a notice by email this email address at any time using this portal or by contacting the Office of Paid Family Leave by email	the appropriate tax authorities. You may consent to receive the 1099G tax form electronically instead of in the mail. This choice is optional. If you do not ou in your account preferences. If you do consent to receive the 1099G electronically, your consent will apply to the benefits you receive for all claims you consent at any time by changing your account preferences using this portal or by contacting the Office of Paild Family Leave by email at does.opfi@dc.go I using the email address you have set in your account preferences that your tax form is ready to view, save, and print in the online portal. You may updat all at does.opfi@dc.gov or by phone at 202.099.3700. In order to receive the electronic 1099G, you must be able to access your account online using this n this portal to your past electronic 1099Gs for a period of at least seven (7) years. Even if you do provide consent, you may request a paper copy of your hone at 202.899.3700.
*Do you want Federal Tax withheld? O Yes O No (If yes, it would be 10.00% of the weekly benefit amount):	
Authorized Representative	
An authorized representative is someone who is allowed to submit and manage Paid Family Leave cla m require staff review and approval before your claim can be activated and payments made.	ns on your behalf. You are not required to choose an authorized representative, but you may do so if you want. Adding an authorized representative will
Would you like to O Yes O No choose an authorized representative now?	

Step 14: Information about DC PAID FAMILY LEAVE

			Paid Family Leave C	Jaim Filing Process			
	Ligibility	Registration	PHL Claim	Work History	Certification	Complete	
Indicates required fiel	ds.	Ŭ	Ų.	Ū.	Ŭ	For help click the information icon.	
Who is eligible for	Paid Family Leave bene	fits?					
	ts under the Paid Family Leave r wages to the Department of				nd performed work in DC be	fore you experienced a covered event. Your employer	
What events qualify	y for Paid Family Leave	benefits?					
						h of time you can receive benefits in a year. No matter e for which you may receive benefits are:	
2. Family leave - receiv	ive benefits to bond with a ne e benefits to care for a family ive benefits for your own serie	member for up to 6 weeks in	a year; and				
What benefit amou	nt does DC Paid Family	/ Leave provide?					
	are based on the wages your ective July 1, 2020 through Oc				a believe your wages were rep	sorted incorrectly, you have the right to provide proof	
Does DC Paid Famil	y Leave provide job pr	otection?					
	taken because you applied for	or claimed Paid Family Leave	benefits. When these harmf	ul actions were taken becaut	e you applied for or claimed	t actions taken by your employer that are harmful to Paid Family Leave benefits, they are known as g web address: <u>www.ohr.dc.gov</u> .	
			That A). For more information	on on DCFMLA, please visit t	he following web address: wy	wy ohr dc.gov	
"retaliation." If you believe	b protection under the DC Fan	nily and Medical Leave Act (D	FMLPD. For more information				

NEXT SECTION IS FILING THE CLAIM

CLICK YES -> because you want to file a Paid Family Leave claim at this time



Which type of covered event are you submitting a claim for?

Click -> **PARENTAL LEAVE** (you can receive benefits for up to 12 weeks in a year) Which type of leave schedule are you submitting a claim for?

*Remember to choose the best option for you: continuous leave or intermittent.

Continuous Leave, is also called Full-Time Leave, is a full-time leave schedule where you are taking leave and receiving paid family leave benefits. You will remain continuously off from work from the first day to the last day you take leave. Your benefits will continue to be paid on a biweekly payment schedule until you have reached the limit of your benefits or your claim ends.

Intermittent Leave, is also called Part-Time Leave. You may choose to do this when you plan to perform work and take leave during the same period of time. While receiving intermittent leave benefits, you can go to work on some days during a week and take leave for which Paid Family Leave benefits are payable on other days during that same week. You cannot work and receive benefits on the same day of the week.

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My Individual Workspace My Dashboard								
Directory of Services				Paid Family Leave C	laim Filing Process			
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My Pontolio *								
Services for Individuals	Paid family leav	/e types						
Paid Family Leave Services *								
Other Services Communication Center Appointment Center	"Which type of covered event are you submitting a claim for?	O Family Leave (you can receive benefit	ts for up to 6 weeks in a year)		_			
Customer Satisfaction Survey	"Which type of leave schedule are you	Continuous Leave (full-time leave du for the whole period while on leave)	ring which you will be off work					
	submitting a claim for?			+				
				<< Back	Next >>			

Information about your Parental Leave Event:

Menu		💏 Home 🖉 N	Ay Dashboard 🕞 Sign Out 🚨 Sen	vices for Individuals		Quick Search
My Individual Workspace My Dashboard	dc paid 💙					
Directory of Services			Paid Family Leave C	laim Filing Process		
My Resources	Eligibility	Registration	PFL Claim	Work History	Certification	Complete
Quick Menu	 Indicates required fields. 			0	For	help click the information icon.
My Portfolio						
 Services for Individuals 	Information about	your Parental Le	eave Event			
Paid Family Leave Services	* What was the date on which your child was	•				
Communication Center	born or placed with you?					
Appointment Center	··· · · -	· •				
Customer Satisfaction Survey	regularly work per week from all sources					
Survey	of employment?					
	This will be your "regular wor days are your regular workwe week, you still need to choos know, or your schedule regul	ek, like Monday or Wedne e a number of days per we	sday. If you do not have a ek to be your "regular" sch	regular workweek because	your work schedule chang	es often from week to
	* Do you regularly work C on Saturdays or Sundays at any job?) Yes 💿 No				
bs			Choose Le	ave Dates		

Click on CHOOSE LEAVE DATES: *Read the instructions first.

You must choose specific future days on which you will be on leave. Each date you choose must be a day of the week you regularly work.

Instructions:							
	ply for benefits, you must	t choose specific future da	ays on which you will be o	n leave. You have one 7-c	lay waiting week on your	first claim in a one-year p	eriod. If you
have a waiting	g period, your waiting we	ek has been automatically	excluded from the dates	you are allowed to choos	e below. If, after applying	for benefits, your needs o	hange and yo
will be out of	work on different days th	an those you first chose, y	you may be allowed to ma	ake changes to your claim	in the future through you	ur claimant account.	
					y of the week you regular	ly work. For example, if yo	u regularly
work Monday	rs through Fridays, you sh	ould not choose dates the	at are Saturdays or Sunday	ys.			
The number of	days in your workweek	will limit the number of d	ave per week you may shy	one for that week Make	sure to select the full num	ber of days in your works	week in order !
					ek, you may choose fewer		
	days you will actually be o						
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	26	27	28	29	30	31	

Exigent Circumstance: is a situation that prevented you from filing for benefits soon after your qualifying event. *DC PFL accepts claims only in very limited cases.

If you are applying for benefits for past dates of leave, you cannot receive benefits for leave taken *more than 30 days ago* unless you can demonstrate "exigent circumstances" – such as: - You were physically or mentally unable to submit a claim after a qualifying event, as proven by medical documentation.

- There was no reasonable way for you to submit a claim despite your best efforts. This exception will generally only be acceptable in very extreme cases, such as extreme weather or other large-scale disturbances.

- You were unaware of your right to submit a Paid Family Leave claim because your employer failed to follow the rules about providing notice to you of your rights under the program.

In this example, we didn't experience an exigent circumstance.

Click-> NO , then click -> SAVE

Exigent Circumstances	
	he past except in exigent circumstances. An exigent circumstance is a situation that prevented you from filing for benefits soon after your nt circumstances only in very limited cases. These cases are:
 You were physically or mentally unable the case. 	to submit a claim after a qualifying event, as proven by medical documentation. You can submit documents to OPFL showing this to be
	to submit a claim despite your best efforts. This exception will generally only be acceptable in very extreme cases such as extreme weather can submit documents to OPFL showing this to be the case.
 You were unaware of your right to sub program. You may explain the situation 	mit a Paid Family Leave claim because your employer failed to follow the rules about providing notice to you of your rights under the n in the box below.
, , ,	e for benefits for the period after you experienced a qualifying event and before you submitted a claim to OPFL. If you answer Yes to the se leave dates in the past in the calendar above and provide an explanation below. If you answer No, click Save to proceed with your
*Did you experience an exigent circumst prevented you from submitting a claim qualifying event?	
Upload Document(s):	Choose File No file chosen
	No records found
	Save Cancel

INFORMATION ABOUT THE CHILD WITH WHOM YOU ARE BONDING:

Here you have to submit/ upload a proof of your parental leave event, such as: a birth certificate, a hospital admission form given to you, a court document showing custody or a document from adoption.

	There is My Lindrictured C+ Says Cut Services for Enderduate
Information abo	out the child with whom you are bonding
Legal First Name:	
Middle Initial:	
*Legal Last Name:	
Address Line 1 (If	
different from yours): Address Line 2:	
Zip Code:	
City:	
State	None Selected
Ward / Borough:	
* Country:	None Selected (Ward Lookurg)
Primary Phone:	Usited States •
* Date of Birth:	
' Gender: Child's Social Security	Male Fernale Prefer to self-describe
Number (if known):	
You must upload proof of your parental leave event. Please indicate which required document you have uploaded.	None Selected
· Upload Document(s):	Choose File No file chosen
	No records found
	< < Back Next >>

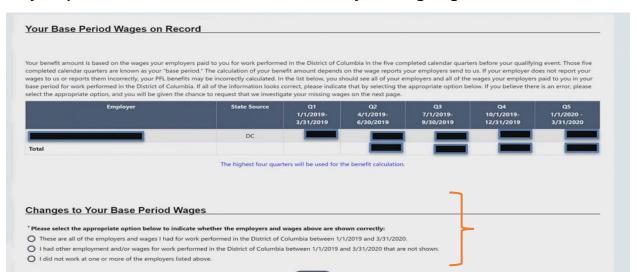
ADDITIONAL CLAIM INFORMATION: yes/no questions. Answer these questions.

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 My Individual Workspace My Dashboard 	dc paid 💙							
Directory of Services				Paid Family Leave 0	Laim Filing Process			
My Resources		Eligibility	Registration	PFL Claim	Work History	Certification	Complete	
Quick Menu My Portfolio	Indicates required fields.		•	0	0000	00	0	For h
Services for Individuals	Additional claim information							
Paid Family Leave Services *	* Are you currently receiving unemployment compensation benefits from the District of Columbia or any other state?	O Yes O No]					
Communication Center	* Are you currently receiving long-term disability payments?	O Yes O No						
Customer Satisfaction Survey	* Are you currently earning self-employment income as a self-employed individual in the District of Columbia?	O Yes O No	ŀ					
	Benefit amount disclosure							
	*Would you like to authorize the Department of Employment Services to notify your employer of your benefit amount?	O Yes O No	L					
				<< Back	Next >>			

BASE PERIOD EMPLOYMENT HISTORY: this section is really important, make sure this information is accurate.

			Paid Family Leav	e Claim Filing Process			
	Eligibility	Registration	PFL Claim	Work History	Certification	Complete	
 Indicates required 	d fields.			0	0	For help click the i	nformation ico
Base Perio	d Employment	History					
qualifying event, be list to confirm whet we do not have rep	egins 1/1/2019 and ends 3 ther the employers listed a ported wages from them, a ed wages. If employers for	31/2020. You should see em are correct and that none are and those wages will not be in	ployers from whom you missing. Your benefit an icluded in your benefit c	base period for your claim, which earned wages for work perform ount will be based on wages pa alculation. You may request that pleted calendar quarters before	ed in the District of Colun id only by the employers I we investigate your missi	bla in your base period. Please isted below. If some employer ng wages to ensure that your l	e review this s are missing, penefit amoun
	ompany Name	Locatio	n	Job Title (Occupation)	Start Date	PFL Claim	Action
			test (U	nknown Occupation)	06/20/2020	Claim: New	Edit
			_			Effective: 5/10/2020	Delete
					Total		
			H 4 Page	1 - of 1 > M		Row	rs: 25 *
dditional	Employment Hi	istony	H 4 Page	1 ▼ of 1 ▶ ₩		Row	rs: 25 •
duitional	Employment m	istory					
	yers for whom you perfe	arters before	No				
your qualifying	event that are not listed	abover					

*Please make sure this information is accurate. These wages are really important, they help to calculate the benefit amount that you are going to receive.



THEN YOU CAN REVIEW YOUR CLAIM:



CERTIFICATION – REQUIREMENTS FOR PAID FAMILY LEAVE BENEFITS

Menu	💏 Homa 🕜 My Dashboard 🔂 Sign Out 🍰 Siervices for Individuals
 My Individual Workspace 	Please review the following information below and click the Next button below to continue.
My Dashboard	family leave
Directory of Services	Paid Family Leave Claim Filing Process
My Resources	Eligibility Registration PFL Claim Work History Certification Complete
Quick Menu	Indicates required fields.
My Portfolio F	
Services for Individuals	Requirements for Paid Family Leave Benefits
Paid Family Leave Services *	Please check each box below to indicate that you have read and understand the following requirements before you continue.
Other Services	* 🔲 I understand that I am filing for Paid Family Leave benefits in the District of Columbia.
Communication Center	I understand that I am not allowed to earn income by performing my regular and customary work on any day for which I am claiming Paid Family Leave benefits.
Appointment Center	I understand that I am not allowed to receive Paid Family Leave Benefits for any period during which I also receive Unemployment Insurance
Customer Satisfaction Survey	benefits or long-term disability payments and that I must inform the Department of Employment Services if I receive this income during my claim.
	I understand that I will bear the cost, if any, charged by my health care provider or other entity for the completion of any forms or the provision of any documents required to determine my eligibility for benefits.
	I understand that the disclosure of protected health information will only occur: (a) I, or my authorized representative, specifically request access to my (or my family member when applicable) protected health information; (b) by the Department of Employment Services in the performance of official duties; and (c) when required by law.
	Please check the box below to indicate that you certify the truthfulness of your application.
	* 🔲 I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge.
	• Name:

VIEW YOUR ACCOUNT:

Here you can check your information, messages and view the progress of your claim.

E Mens		💏 Home 🕜 My Daibboard 🚺 Sign Cut 🚢 Services for Indexbasis							Quith Search 🔎
 My Individual Workspace My Dashboard 	dc_paid family leave Welcome to My Individual Workspace Cla Verw your Personal Profile and Contact Information. Th interests you.	nimant Demo. In page introduces you to system features and offers suggestions. Select from the it	ems below to	start customiz	ing the cont	ent that			
Directory of Services	My Dashbolind Directory of Services My Insurance								
My Resources	My Personal Profile	Paid Family Leave Services D	🖃 My Appr	oved Leave Days					80
Quick Menu	Update Centact Information Review and update name, address, phone or e-mail.	More Paid Family Leave Services			ju	ne 2020			
My Portilolio	Review and update name, address, phone or e-mail.		5	м	т	w	т	F	5
Services for Individuals	View your Personal Profile and Contact Information	My Correspondence	31	1	2	3	4	5	6
Paid Family Leave Services *			14	15	16	10 17	11 18	12 19 26	13 20 27
	⊡ My Messages 00	Q Letters	14 21	15 22	16 23 30	17 24	18 25	26	27
Other Services			28	29	30	1	2	<u>3</u> 10	4
Communication Center *	1 Unread Messages	Correspondence Templates	2	2	4	2	2	10	11
Appointment Center *									
Customer Satisfaction Survey	Q Read Messages	Enter the Correspondence Center							
Junity	Enter the Message Center								
		Configure Dashboard Widgets							

Note:

Contact us at First Shift Justice Project, if you have any questions regarding the submission process, as we may be able to assist you. However, you may need to contact DC Paid Family Leave Office directly if you have questions regarding website troubleshooting or previously submitted claims.

We can be reached at:

Phone number: 202-644-9043 Email: intake@firstshift.org Website: www.firstshift.org