

# Paid Leave Benefit Application User Guide

Washington's Paid Family & Medical Leave Program

Here for you. Use this guide for assistance with the SecureAccess Washington (SAW) and Paid Family and Medical Leave online portals.

**Stay informed.** This guide is updated regularly to match the current user experience. The most recent version of this guide is available at <u>paidleave.wa.gov</u>.



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# Introduction

This user guide will help you use the SecureAccess Washington (SAW) and Paid Family and Medical Leave online portals. You must login to the SAW portal to access the Paid Leave portal. See the table of contents for specific tasks and the info boxes, like the one below, for additional information that may answer your questions or help you work through common issues.

Need help? Check these boxes for helpful information and ways to troubleshoot common issues.

## Mobile, tablet, and desktop view

Mobile view

The screenshots in this user guide are shown in tablet view, which may differ from the view you have on your device. If you are on a mobile phone, the content may be organized differently from these screenshots. For example:

- 1. The navigation menu. In mobile view, you will have to click the 'hamburger menu' to view the navigation options. In tablet or desktop view, the navigation menu is typically spread out horizontally with all options viewable.
- 2. Vertical row(s). In mobile view, content may be organized into one vertical row, while in tablet and desktop view content will usually be spread out in multiple vertical rows.

1	Employment Security Department WASHINGTON STATE		Hi, PurpleBiossom   Return to SA
1 ▲Hom	e 🔤 Message Center		Add/Switch Accord
2	Update Contact Preferences		
	Primary Contact Information		
	Domestic      International		
	Phone Number (###-####)*	Phone Ext.	
	Email Address*	Preferred Contact Method*	
		Email	~
	Can we leave a detailed voicemail message at the phone nu	mber you provided?*	
	1 <b>▲</b> Hom	Employment Security Department WASHINGTON STATE	Primary Contact Preferences         Primary Contact Information            • Domestic ○ International         Phone Number (###.#########")*         Phone Number (###.#################################

### Tablet or desktop view

PAID LEAVE BENEFIT APPLICATION USER GUIDE

## The SecureAccess Washington (SAW) and Paid Leave Portals

SecureAccess Washington (SAW) is an online portal used to access Washington state services securely. You only need one SAW account to access services from state agencies, including Paid Family and Medical Leave. In SAW you can link to the Paid Family and Medical Leave service and manage your SAW account profile and settings. Once linked, you can access the Paid Family and Medical Leave portal to manage your online Paid Leave account(s) and take actions such as apply for Paid Leave benefits, register your business, update your contact preferences, or request a WA Cares exemption.



# **Paid Leave Benefit Application**

## Create a Paid Leave Benefit Account

If you have not created a Paid Leave account, the first screen you see in the Paid Leave portal is the 'Create an Account' screen. If you have created another Paid Leave account and were taken to that account's homepage, follow the <u>+Add/Switch instructions</u> below to get to the 'Create an Account' screen. Account' screen.

<ol> <li>On the 'Create an Account' screen, click Apply for Paid Leave Benefits.</li> </ol>	Employment Security Department WASHINGTON STATE	Hi, PurpleBlossom   Return To SAW
	Create an Account	
	Welcome to the Leave and Care account creation page. What brings you here today?	
	Apply for Paid Leave Benefits Create your Paid Leave benefit account to apply for benefits. Apply for Paid Leave Benefits	>
	Register your Business           Register your business to report and pay for Paid Leave and WA Cares Fund by creating an employer account.         Register your Business	>
	Register as an Employer Agent Report and pay for Paid Leave and WA Cares Fund on behalf of your employer clients by creating an employer agent account. Register as an Employer Agent	>
	Elect Coverage as Self-Employed Opt in to Paid Leave, WA Cares, or both. Report self- employment earnings to use program benefits in the future. Elect Coverage as Self-Employed	ed 💦 🔪
	Apply for WA Cares Exemption Create your WA Cares Fund exemption account to apply for MA Cares Exemption an exemption. Apply for WA Cares Exemption	>

- 2. On the 'Provide Your Information' screen:
  - a. Enter your personal information and complete all required fields (\*).

If you don't have a social security number
 (SSN) or individual taxpayer identification number
 (ITIN), contact us for a paper benefit application.
 Or, for those who prefer a language other than
 English, visit <u>paidleave.wa.gov</u> for a translated
 copy.

b. Click Next.

Provide Your Information	
Personal Information	
We require the following personal information	to set up your account.
First Name*	Middle Initial
Last Name*	
SSN or ITIN*	Re-Enter SSN or ITIN*
Primary Contact Information Content Information Content (###-#################################	Phone Ext.
Email Address*	
E Mailing Address	
We may need to send mail regarding your acc	ount.
Address Line 1*	Address Line 2
City*	State*
ZIP Code*	ZIP Code Ext

- 3. On the 'Address Validation' screen:
  - a. Choose the standardized address listed, if available, or the one you entered.
  - b. Click Confirm.

A If the address you entered matches to the standardized address in our system, you will skip the screen and be directed to the 'Confirm Your Information' screen below.

Address Validation			
We've updated your address to me	address validation standar	ds.	
Standardized Address			
O 212 MAPLE PARK AVE SE OLYMPIA, WA 98501 - 2347			
🕑 You entered			
212 maple park ave se olympia, WA 98501			

- 4. On the 'Confirm Your Information' screen:
  - a. Review your information. If any changes are needed, click **Previous**.
  - b. Once you have confirmed information is correct, click **Submit**.

Confirm Your Information	
Review your information. If it's correct, click *	Submit*. To make changes, click *Previous*.
Personal Information	
First Name	Middle Initial
Luna	
Last Name	SSN or ITIN
Sol	
Primary Contact Information	
Phone Number	Phone Ext.
Email Address	
test@test.com	
E Mailing Address	
Address Line 1	Address Line 2
212 MAPLE PARK AVE SE	
City	State
OLYMPIA	WA - Washington
ZIP Code	ZIP Code Ext
	22.47

 You will receive confirmation that your account has been created, along with your new Customer ID. Select Home to go to your 'Paid Leave benefit account homepage'.

A Microw	O AddStabuh Account
Benefit Account Creation Confirmation	
You've successfully constellan account.	
Your Customer ID is P65V338GK8	
Home	

## Switch to or create another Paid Leave account

To create a different Paid Leave account or switch to an existing account, use the + Add/Switch Account option in the top menu bar.

**Employment Security Department** 

Message Center

- On your 'Paid Leave benefit account homepage' click + Add/Switch Account in the top menu bar.
- **2.** The 'Choose an Account' screen will list accounts you have already created. You can:
  - a. Select the account you wish to switch to.
  - b. Click **Create a New Account** to see a list of the other account types you can create.

Choose an Account	
Benefit Account	
Purple Blossem	>
Employer Accounts	
Nimbus Integration Test Services LLC	>
Elective Coverage Accounts	
Purple Blossom	>

Hi, PurpleBiossom | Return To SAW

AddSallch Act

**3.** On the 'Create an Account' screen select the type of account you want to create.

A lf you have already created a specific account type, the button will be light green and clicking it will not take you to a new screen.

		Adativeta Acce
Create an Account		
Welcome to the Leave and Care account creation page. W	hat brings you here today?	
Apply for Paid Leave Benefits		
Create your Paid Leave benefit account to apply for benefits.	Apply for Paid Leave Bonefits	>
Register your Business		
Register your business to report and pay for Pald Leave and WA Cares Fund by creating an employer account.	Register your Business	>
Register as an Employer Agent		
Report and pay for Paid Loave and WA Cares Fund on behalf of your employer clients by creating an employer agent account.	Register as an Employer Agent	*
Elect Coverage as Self-Employed		
Opt in to Paid Leave, WA Cares, or both. Report self- employment earnings to use program benefits in the future.	Elect Coverage as Self-Employed	>
Apply for WA Cares Exemption		
Create your WA Cares Fund exemption account to epply for an exemption.	Apply for WA Cares Exemption	->

## Apply for Paid Leave Benefits

1. On your 'Paid Leave benefit account homepage' click **Apply for Benefits**.



- a. Read the helpful information.
- Select the checkbox to consent to the disclosure of your information and attest that you agree to answer the application questions truthfully.
- c. Click Next.

		O Add/theilton Acco
Name	Customer ID	
Purple Blosson	FOSV338GMB	
Take Action		
Apply for Benefits		
3 Vedate Contact Preferences		
Start Weekly Payment		
No weekly claims available,		
My Claim(s)		



- **3.** On the 'Provide Contact Preferences' screen:
  - a. Enter your contact information and complete all required fields (\*).
  - b. Click Next.

If you answered Yes to communicating in a language other than English, you will need to select your preferred language and dialect (if applicable).

Provide Contact Preferences	
Provide Contact Preferences	
ionae oonaot Preferences	
B Personal Information	
Customer ID	SSN or ITIN
F069BMMKKH	
First Name	Middle Initial
Luna	
Last Name	Date of Birth (MM/DD/YYYY)*
Sol	<b>i</b>
Primary Contact Information	
Domestic      International	7
?hone Number (###-###-#####)*	Phone Ext.
Email Address*	Preferred Contact Method*
test@test.com	Select One ~
Can we leave a detailed voicemail message at the phone Yes No Kanguage Preference	e number you provided?*
What is your preferred language?*	<u>۲</u>
Select One	
I Mailing Address	
Address Line 1*	Address Line 2
212 MAPLE PARK AVE SE	
City*	State*
OLYMPIA	WA - Washington V
ZIP Code*	ZIP Code Ext
98501	2347
Cancel	Next

- 4. On the 'Address Validation' screen:
  - a. Choose the standardized address listed, if available, or the one you entered.
  - b. Click Confirm.

If the address you entered matches to the standardized address in our system, you will skip this screen and be directed to the 'Additional information' screen below.

We've updated your addre	as to meet address validation	standards.	
E Standardized Add	ress		
O 212 MAPLE PARK AVE OLYMPIA, WA 98501 -	5E 2347		
🕑 You entered			
<ul> <li>212 maple park ave se olympia, WA 98501</li> </ul>			

- **5.** On the 'Additional Information' screen:
  - a. Select your gender.
  - b. Select your ethnicity and/or race.
  - c. Click Next.

Additional Information	
Gender* G Famale G Mate G Non-Binary G Proter not to say	
Which of the following best describes your ethnicity and/or race? Select all that apply:*	
American Indust of Alaska Native	
Diack or Athcan American	
Physics or Latinol Litina	
Midde Eastern or North Athican	
Notive Hawakan or Other Pacific Islander	
East Asses	
Stuth Asian	
Goutheast Astan	
When	
Prefer not to say	
Etholicity and/or race not listed	
	0.

- 6. On the 'Leave Information' screen:
  - Follow prompts to select why you are applying for leave. The questions are dynamic and will change based on answers.

Click the help icons (i) on this page to see more information about the question, which may help you in applying.

- b. Enter your leave start and end date.
- c. Answer the questions about whether you knew you would take leave beforehand and if you notified your employer.
- d. Click Next.

Leave Information		
We're going to ask you several questions about your le	ava.	
Are you taking leave for medical care during your pregr	nancy?" 0	
Ves No		
How long do you expect to be on leave?		
Leave Start Date (MM/DD/YYYY)*	Leave End Date (MM/DD/YYYY)*	
Did you know you would need to take leave before you	r leave started?* 0	
U TREU PO.		
Did you notify your employer in advance that you need	ed leave?*	
Count Country of America and		
	and the second s	
J Yes () No Id you notify your employer in advance that you need ) Yes () Ho () Unerployed	ed leave?*	

- 7. On the 'Employment Information' screen:
  - a. Choose your current employment status.
  - b. Select your employment status for the listed employer.

If you are self-employed, select the option that best represents your employment and pay status.

- c. Add an employer if one is missing.
- d. Click Next.

We use the wages and hours reported by your employers to determine your benefit amount. If you worked for an employer in Washington state in the 18 months prior to the start of your claim and they are not listed, manually add them.

me Message Center	Add/Switch Acc
Employment Information	
What is your current employment stat	tus?*
Full-time salaried	
C Full-time hourly	
O Part-time salaried	
O Part-time hourly	
O Unemployed	
Provide your employment status for t	he employer(s) listed. 9
Provide your employment status for t	employer(s) listed. •
Provide your employment status for t	Employment Status
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC	he employer(s) listed.  Employment Status  I currently work here I used to work here I never worked here
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s)	he employer(s) listed.
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any emp	he employer(s) listed.  Employment Status I currently work here I used to work here I never worked here Nover(s) from 10/01/2023 through today that is not listed above?
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any emp If yes, click Add Employer below and a s	he employer(s) listed.
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any emp If yes, click Add Employer below and a s Add Employer	he employer(s) listed.  Employment Status  I currently work here I used to work here I never worked here  Nover(s) from 10/01/2023 through today that is not listed above?  pecialist will review.
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any empl If yes, click Add Employer below and a s Add Employer	he employer(s) listed.         Employment Status         I currently work here         I currently work here         I currently work here         I currently work here         I seed to work here         I never worked here         volume
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any emp If yes, click Add Employer below and a s Add Employer UBI Employer Name No records	he employer(s) listed.         Employment Status         I currently work here       I used to work here
Provide your employment status for t Employer Name Nimbus Integration Test Services LLC Missing Employer(s) Did you work in Washington for any emp If yes, click Add Employer below and a s Add Employer UBI Employer Name No records	he employer(s) listed.         Employment Status         I currently work here       I used to work here

- 8. On the 'Upload Your Documents' screen:
  - a. Select Proof of Identity from the Document Type drop down menu

A Proof of Identity is required when you apply. Click here for a list of acceptable identity verification documents.

- b. Click Choose File to select your proof of identity file from your documents.
- c. Click Upload to upload the selected file. Once uploaded, it will appear in the table. You will not be able to edit or delete the document.

A Not all file formats are accepted in the document uploader. The document's file format must be a pdf, tif, tiff, jpeg, jpg, or png. You can see the file format at the end of the file name after it is uploaded, shown in the picture below.



d. Repeat steps a. - c. to upload additional documents.

	+ Ad
Upload Your Documents	
Upload your identity document.	
You need to provide a document, like a valid passport or driver's license, so we can verify your identity.	
Find a list of documents we accept at paidleave.wa.gov/get-ready-to-apply-identification-documents.	
Upload a medical certification completed by a health care provider.	
You can submit your application without it, but you will need to upload a medical certification within 14 days.	
<ul> <li>Find information on what we accept at <u>paidleave.wa.gov/get-ready-to-apply</u>.</li> </ul>	
When uploading your document(s), select Medical Certification as the Document Type.	
How to upload	
1. Select the Document Type from the drop-down menu.	
2. Click Choose File to select the file you want to upload.	
3. Choose the file and click Upload. You can upload up to 200 documents.	
You cannot change or delete uploaded documents. You can find successfully uploaded documents in the table	below.
Document Type*	
Select One	
Select file to upload*	
Choose File No file chosen	

Upload Upload Uploaded By **Document Name** No records To save your application as a draft, click "Cancel." Previous Cancel Next

**Home** 

d/Switch Account

If you do not upload supporting documentation on the 'Upload Your Documents' screen, you will be asked if you are sure you want to continue without uploading your supporting document(s). You may continue, but if we don't receive the document(s) within 14 days, we may deny your application.

e. Click Next.

#### **Home**

#### Upload Your Documents

#### Upload your identity document.

You need to provide a document, like a valid passport or driver's license, so we can verify your identity.

· Find a list of documents we accept at paidleave.wa.gov/get-ready-to-apply-identification-documents.

#### Upload a medical certification completed by a health care provider.

You can submit your application without it, but you will need to upload a medical certification within 14 days.

- · Find information on what we accept at paidleave.wa.gov/get-ready-to-apply.
- When uploading your document(s), select Medical Certification as the Document Type.

#### How to upload

- 1. Select the Document Type from the drop-down menu.
- 2. Click Choose File to select the file you want to upload.
- 3. Choose the file and click Upload. You can upload up to 200 documents.

You cannot change or delete uploaded documents. You can find successfully uploaded documents in the table below.

Document Type*			
Select One			
Select file to upload*	Upload		
Document Name	Document Type	Uploaded By	Upload
No records			
To save your application as a dra	ft, click "Cancel."		
P	revious Cancel	Next	

- 9. On the 'Review Your Application' screen:
  - a. Review information for accuracy. If information is incorrect, click **Edit** to go back to the section and correct the information.
  - b. Click Next.

application section to go back and main	e edita. Once you submit yo	or application, you won't be able to mail	in all the top of eac te changes.
Personal Information			
22.000.0			/ Edit
Name	D	ste of Birth (MM/DO/YYYY)	
Euris Sol	0	101/2001	
and a true	5	ercale	
Ethnicity and/or Race			
American Indian or Alaska Native			
Primary Contact Information			
			/ Edit
Phone Number		nail Address	1.000
	te .	at@itest.com	
Mailing Address	~	eferred Contact Method	
212 MAPLE PARK AVE BE OLYMPIA, WA 98561 - 2547	E/	nat	
Permission to leave a detailed voicer	nai P	eferred Language & Dialect	
No	Ð	ng kala	
C Leave Information			
			/ Edit
Medical care during your pregnancy		ecover from giving birth	
No	74	9	
Type of Leave			
Leave Start Date (MM/DD/VVV)		and End Date (MMOD/VYYY)	
03/17/2025	0	V18(2025	
Knowledge of Leave Beforehand		npicyer Notified	
No	74	5	
00 Employment Information			
			/ Edit
Employment Status			- and
Unemployed			
Employers - Reported			
Employer Name	Employment Status	Start Oate	End Date
Employers - Manually Added			
Employer Name	Address	Employment Status Start Date	End Date
No records			
Unloaded Documents			
Document Name	Document Type	Uphraded Date	- Luit
Castore PNG	Medical Certification	03/19/2025	
Documents.top	Proof of Identity	03/19/2025	
2 1000/06			
To some bound an effective use a dealt offer	"Cancel." To finalize your a	oplication, click "Next."	

 On the 'Preferred Payment Method' screen choose if you want to be paid via direct deposit or U.S. Bank ReliaCard.

You will be asked for your payment preference the first time you apply in a claim year. If applying again in the same claim year, you can update your payment information from your 'Paid Leave benefit account homepage' by clicking **Update Payment Preference** under in the 'Take Action' section.

- a. If you choose the **U.S. Bank ReliaCard**:
  - 1. Click **View** to read the ReliaCard disclosure.

When you click **View**, the disclosure will open in a new window. The two-page disclosure is available in English as well as other languages. To view in another language, continue to scroll through the document.

- 2. Select the checkbox authorizing the Employment Security Department to send payments to your preferred method.
- 3. Click Submit.

51	Preferred Payment Method
	Paid Family and Medical Leave requires your preferred payment method to make payments.
ſ	Payment Proference* 0
	Direct Deposit @ U.S. Bark RetacCards
	Sick View' to download the ReliaCard Pre-Acquisition Disclosure. You must view the disclosure before you can continue.
	View
0	authorize the Employment Security Department to deposit benefit payments to a ReliaCard. I understand that this authorization will remain in effect until I modify my payment professione in my Paid Leave benefit account, or by notifying the department in writing.
	Lacknewledge that I have read the Pre-Acquisition Disclosure for the RelaCard.
3	Click "Submit" to finish submitting your application. We will not process your application until you provide your payment preference.
	Cancel Submit
	The BalaCard is based by U.S. Bark National Association purposed for a lowerships Visa U.S.A. Inc. 6 2022 U.S. Bark Member FEIC.

- b. If you select **Direct Deposit**:
  - 1. Select the account type you want your payments deposited into.
  - 2. Enter and re-enter your routing number.
  - 3. Enter and re-enter your account number.
  - 4. Select the checkbox authorizing the Employment Security Department to send payments to your preferred method.
  - 5. Click Submit.

**11.** On the 'Application Confirmation' screen:

- a. Read the confirmation that your application has been received and any important reminders.
- b. Click Done.

Preterred Payment Method		
Paid Family and Medical Leave requires your p	referred payment method to make payments.	
Direct Decosil      U.S. Bark RelaCardle		
Account type*	Deposit Type"	
Routing Number*	Re-Enter Routing Number*	
Account Number*	Re-Enter Account Number*	
authorize the Employment Security Departme effect until I modify my payment profession in Click "Submit" to Knish submitting your applicat	int to deposit bornett payments into the account provided above. I understand that this au my Paid Leave benefit account, or by nuttying the department by email, secure message ion. We will not process your application until you provide your payment preference	Protoation will remain in or mail.
authorize the Employment Becurity Departme effect until I modify my asymet profession in Click "Submit" to finish submitting your applicat	ent to deposit borefit payments into the account provided above. Liedenstand that this au my Paril Leave benefit account, or by notifying the department by email, secure message ion. We will not process your application until you provide your payment preference Cothool Submit	Prospation will restaan in or staal.
authorize the Employment Becurity Departme effect until I modify my payment professore in Click "Submit" to finish submitting your applicat	Int to deposit benefit payments into the account privided above. Lunderstand that this auty Paid Leave benefit account, or by hittlying the department by email, secure message tion. We will not process your application until you provide your payment preference Control Subtract	rhotzation wil remain in or mail
authorize the Employment Becurity Departme effect until I modify my payment proference in Click "Submit" to finish submitting your applicat	int to deposit bonetic payments into the account provided above. Lunderstand that this au my Paid Leave benefit account, or by halflying the department by email, secure message ion. We will not process your application until you provide your payment preference Control Submit	rhotzation will remain in sir mail.
authorize the Employment Becurity Departme effect until I modify my payment professions in Click "Submit" to fiscale submitting your applicat	int to deposit bonetic payments into the account provided above. Lunderstand that this au my Paid Leave benefit account, or by nultitying the department by email, secure message ion. We will not process your application until you provide your payment preference Gattool Submit	rbotzation will remain in sir mail.
authorize the Employment Becurity Departme effect until I modify my payment profession in Click "Submit" to finish submitting your applicat	Int to deposit borretit payments into the account provided above. Londerstand that this au my Paid Leave benefit account, or by hithying the department by email. Secure message ion. We will not process your application until you provide your payment preference Control Submit	Postador wil mnan in or mai.
authorize the Employment Becurity Departme effect until I modify my payment professore in Cilcia "Submit" to Rinah submitting your applicat	In to deposit bonetic payments into the account privided above. Londerstand that this autry Paid Leave benefit account, or by hittlying the department by email, secure message ion. We will not process your application until you provide your payment preference Control Submit	thotization will remain in or mail.
authorize the Employment Becurity Departme effect until I modify my payment proference in Click "Submit" to finish submitting your applican Click "Submit" to finish submitting your applicant	Int to deposit benefit payments into the account privided above. Lunderstand that this au my Paid Leave benefit account, or by Nathying the department by email, secure message tori. We will not process your application until you provide your payment preference Cothool Submit	Pottation will remain in or mail
autrolize the Employment Becarity Departme effect until I modify my payment profession in Click "Submit" to Brigh submitting your applicat	int to deposit bonetic payments into the account privided above. Lunderstand that this au my Paid Leave benefit account, or by nathying the department by email, accure message ton. We will not process your application until you provide your payment preference Control Submit	Postadion will remain in se rital.

Need to change your payment preference? Go to the Take Action' section on your Homepage and select 'Update Payment Preference'

Done

**12.** You can see your application in the table under the 'My Claim(s)' section of your 'Paid Leave benefit account homepage'. For instructions to manage your Paid Leave Account and view information related to your claim, see the <u>Paid Leave Account Management User Guide</u>.

N ATTER			Customer ID	
Purple Blossom			P089/y030P7	
Take Action				
E3 Update Contect P	references			
5 Unstate Payment Pr	ordecence			
Start Weekly Payn	sent			
No weekly claims av	ailable.			
My Claim(s)				
Here is a list of all the supporting documents	herefit applications that yo , submit weekly claims, or	o have sobmitted to PFML. To v view the banefit application you	vew additional information relev submitted, please click on the C	ant to the claim or take actions such as upload. Salm ID.
Claim ID	Claim Type	Submission Data	Claim Status	Approved Leave Duration
FBINV93DE7.1	Family	10/31/2024	Submitted	Pending
Claim Paulauda)				
Giann Review(s)				