

# How to file a CT Paid Leave Appeal on behalf of someone?

Step 1:

Access the CT Department of Labor (DOL) Portal using this [link](#).



Step 2:

Use this [link](#) for filing a new CTPL Appeal, also found at the bottom of the CTDOL Portal as shown below.

Clicking on this link will take you to a secure portal hosted by ct.gov.

- [File a new CT Paid Leave appeal](#)
- [Access an existing CT Paid Leave appeal](#)
- [File a New Family & Medical Leave Complaint](#)
- [Access an Existing CT Family & Medical Leave Complaint](#)



Step 3:

After accessing the link for filing a new CTPL Appeal, if this is your first CTPL Appeal, you must **FIRST** sign up for a new user account using this [link](#) as shown below.

## Log in

Username or email address

Password

Forgot your [username](#) or [password](#)?

LOG IN >

Need an account? [Sign up now](#)

Steps 4 and 5:

Complete the form to create a user account and click "Sign Up".  
Review the information to confirm it is correct. If so, click on the CAPTCHA box and validate. Then click "Submit".

### Sign up

First name  Last name

**Invalid first name**

Username

Email address

*You must have access to this email address*

Confirm email address

Mobile number (Optional)

*Must be a US mobile number and you should have access to this phone*

Preferred language  
 English  Spanish

Password

Confirm password

- Password must have 9+ characters
- Password must have 1 capital letter
- Password must have 1 number
- Password must have 1 lower case letter
- Password must have 1 special character
- Maximum 64 characters allowed

**Sign Up >**



### Sign up - Summary


**First name**  
Test

**Last name**  
User

**Username**  
testuser987

**Email address**

**Preferred language**  
English

I'm not a robot   
reCAPTCHA  
Privacy · Terms

**Submit >**

Steps 6 and 7:

An eight-digit verification code will be sent to the email address used during the sign-up.  
Locate the email from [do-not-reply-account@notifications.ct.gov](mailto:do-not-reply-account@notifications.ct.gov), put the code in on the verification page and click "Verify".

From: [do-not-reply-account@notifications.ct.gov](mailto:do-not-reply-account@notifications.ct.gov)  
Date: July 15, 2024 at 8:27:09 AM EDT  
To: [REDACTED]  
Subject: Your CT.gov Verification Code



Dear Test,

Please use the following Verification code to verify your email address with CT.gov, the official website of the State of Connecticut. The verification code will expire in 15 minutes.


**Verification Code : 46403428**

Thank you,  
State of Connecticut

Please do not reply to this email. This mailbox is unmonitored.



### Sign up - Verification

 Please enter the verification code we sent to [REDACTED].com  
[Resend verification code](#)

Verification code

0	0	0	0	0	0	0	0
0							

Note: We are verifying your account - please do not close your browser.

**Verify**

Steps 8 and 9:


Once back at the log in page, enter your new credentials and click 'Log In' to sign onto the Portal.

You will be asked if you want to enable 2-Factor Authentication. This is not required but it adds extra security to your account.

**Log in**

Username or email address

Password

Forgot your [username](#) or [password](#)?

**Log In >**

**2-Factor Authentication**

Would you like to enable 2-Factor Authentication on your account for additional security?

[Read more about 2-Factor authentication.](#)

**Yes**

**No**

Step 10:

Once you are signed in, click the 'Get Started' Button to start a new appeal submission process.

CT LEAVE COMPLAINT AND APPEAL PORTAL Test User

Language Selector: [English](#) [Español](#)

Welcome to the CTPL Appeals and CTFMLA / CTPL Complaints Portal

You can file or respond to a CT Paid Leave Appeal or CTFMLA / CTPL Complaint online through this portal for yourself or on behalf of someone else.

**GET STARTED**

**WARNING: If you exit a new or paused submission without clicking 'Save and Finish Later', your entire submission will be deleted.**

Continue the appeal submission process by selecting the following:

“I am an employee or employee’s representative submitting a complaint or appeal”

“I want to file a CT Paid Leave Appeal due to a denial of compensation or assessment of a penalty by the CT Paid Leave Authority or private plan”

“I am filing an appeal on behalf of another”

Select yes or no for whether you are an attorney.

Click ‘Next’

Step 11:

### Appeal and Complaint Submission Form

CT Family and Medical Leave (CTFMLA) and CT Paid Leave (CTPL) are two separate laws to help eligible workers who need to take leave from their job to care for a family member with a serious health condition or for their own medical reasons.

- The CTFMLA provides eligible employees with job-protected leave through their employer.
- The CTPL provides eligible workers with income replacement during a leave through the CT Paid Leave Authority or private plan.

1. Are you responding to a complaint or submitting a complaint/appeal?

I am an employee or an employee’s representative submitting a complaint or appeal

I am an employer responding to a complaint

2. What would you like to do?

I want to file a CT Paid Leave Appeal due to a denial of compensation or the assessment of a penalty by the CT Paid Leave Authority or private plan

I want to file a complaint against my employer for violating my CT Family and Medical Leave and/or CT Paid Leave rights

3. For whom are you filing?

I am filing an appeal for myself

I am filing an appeal on behalf of another

4. Are you an attorney representing and filing on behalf of an employee?

I AM an attorney

I am NOT an attorney

Next

Step 12:

If you are an attorney you will need to provide your Juris No. and firm name.  
If you are not an attorney, you will need to confirm your contact information and if you want to receive communications by email or mail.

### Appeal Submission - Attorney Information

If you are not an attorney, please go back and select "I AM NOT an attorney!"

Attorney Full Name  
Test User

Attorney Email  
[Redacted]

Attorney Phone Number  
[Redacted]

\* Juris #  
[Empty]

\* Firm Name  
[Empty]

### Appeal Submission - Representative Information

You will be filling out the appeals form, receiving email notifications, and responding to requests on behalf of the employee.

Please input the phone number of the Attorney.  
Test User

Please input the phone number of the Attorney.  
[Redacted]

Attorney Phone Number  
[Redacted]

Please note: critical and time sensitive communications will be sent to the email entered above. Please provide an email you have access to and can check regularly.

If you will not have access to email:  
 Opt out of email communications.

**Please Note:**  
Communications regarding your appeal are sent by email unless you opt out. If you opt out, you must provide a valid mailing address.

Step 13:

Select whether the individual you are filing the appeal for applied for CTPL compensation through the Public Program or your employer's private plan and fill in the required information as indicated below.

### Appeal Submission - Appeal Information

If you need help completing this form please call: 1-860-263-6970

\* Did you apply for benefits through the CT Paid Leave Public Program?  
 Yes, I did apply for benefits through the CT Paid Leave Public Program  
 No, I applied for benefits from a private plan through my employer

\* Claim Number ⓘ

\* Date of Decision

\* Decision Reason ⓘ

### Appeal Submission - Appeal Information

If you need help completing this form please call: 1-860-263-6970

\* Did you apply for benefits through the CT Paid Leave Public Program?  
 Yes, I did apply for benefits through the CT Paid Leave Public Program  
 No, I applied for benefits from a private plan through my employer  
 Please search for and select your Private Plan Employer

**Selected Employer:**

\* Claim Number ⓘ

\* Date of Decision

\* Decision Reason ⓘ

Step 14:

On the next page you must fill in all required information on the individual you are filing the appeal for, including whether they want to receive communications by email or mail.

### Appellant Information

\* First Name  
  
 Please provide the Appellant's First Name.

Middle Name

\* Last Name

\* Email

\* Social Security Number (SSN)

\* Telephone Number

Please note: critical and time sensitive communications will be sent to the email entered above. Please provide an email you have access to and can check regularly.

If you will not have access to email:  
 Opt out of email communications.

Step 15:

On the next screen you must provide details on the reason for this appeal and why you disagree with the decision that is being appealed.

**Appeal Submission - Reason for Appeal**

Please use the space below to support your reasons for appealing the decision. Be specific about why you believe the decision was incorrect and what information supports your claim.

If you want to attach documents supporting your appeal, you will be given instructions on how to do so after you submit this appeal form.

Reason For Appeal

Step 16:

On the next screen confirm that the information you have provided is correct and if so click 'Submit'. If you want to change anything you can click the 'Back' button to get to the page you wish to change.

**Submission Review - Review Your Information**

If you need to make any edits, please use the "Back" button at the bottom of the form to edit your information. You will be able to submit documentation on the next page.

First Name

Last Name

Email

Telephone Number

Representative Telephone Number

Juris #

Firm Name

Plan Selected

Claim Number

Date of Decision

Decision Reason

By clicking "submit", I attest that the information I have provided in my submission is true and complete.

[Back](#) [Save and Finish Later](#) [Submit](#)



Step 17:

On the next screen you can upload files to include with your appeal.  
NOTE: You will be able to upload files after you submit your appeal.  
Clicking 'Attach Files & Submit' will submit your appeal to CTDOL.

### Do you have files to upload for your submission?

If you have a decision letter from your claims provider, please upload it.

Decision Letter

 Upload Files Or drop files

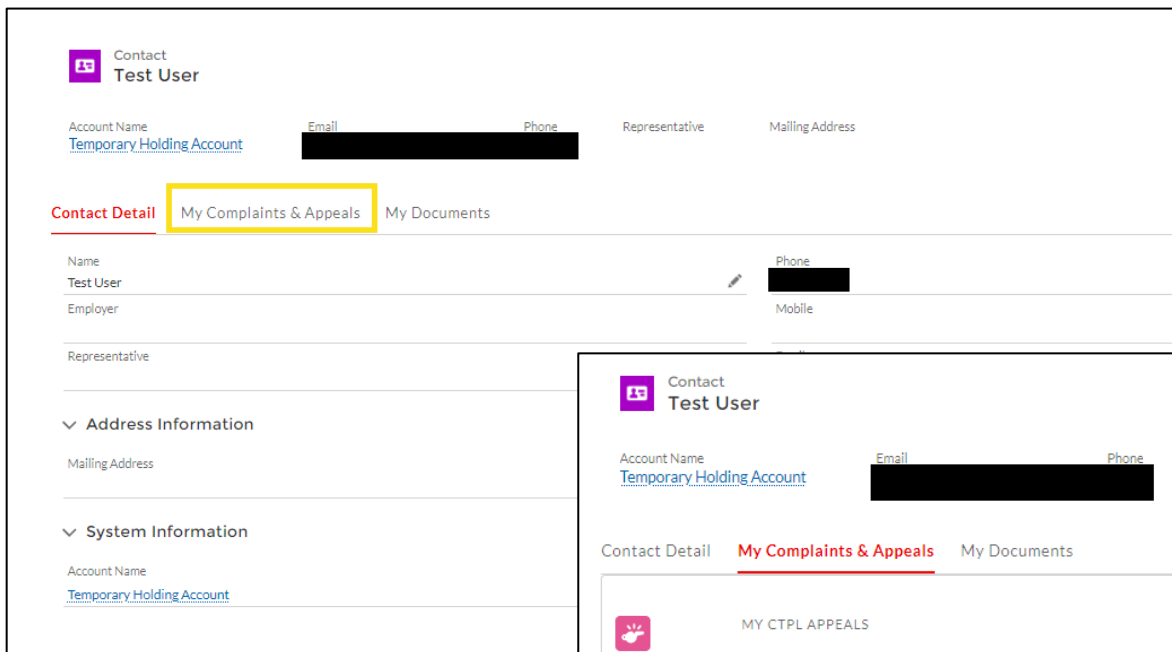
Attach Files & Submit

After submitting your appeal, you will receive a submission confirmation email if you did not opt out of email communications.

***Please allow up to 5 minutes for the email confirmation to be sent and for your appeal to display on your account in the Portal.***

If you opt out of email communications or do not receive an email confirmation within 5 minutes, please call the Appeals Division at (860) 263-6970 to confirm receipt of your appeal.

After submitting your appeal, you will be directed to your account homepage. To view your appeal, click the "My Complaints and Appeals" tab and select the appeal under "Appeal Name".



Contact Test User

Account Name: [Temporary Holding Account](#) | Email: [REDACTED] | Phone: [REDACTED] | Representative: | Mailing Address:

My Complaints & Appeals (highlighted)

Name: Test User | Phone: [REDACTED]

Employer: | Mobile: [REDACTED]

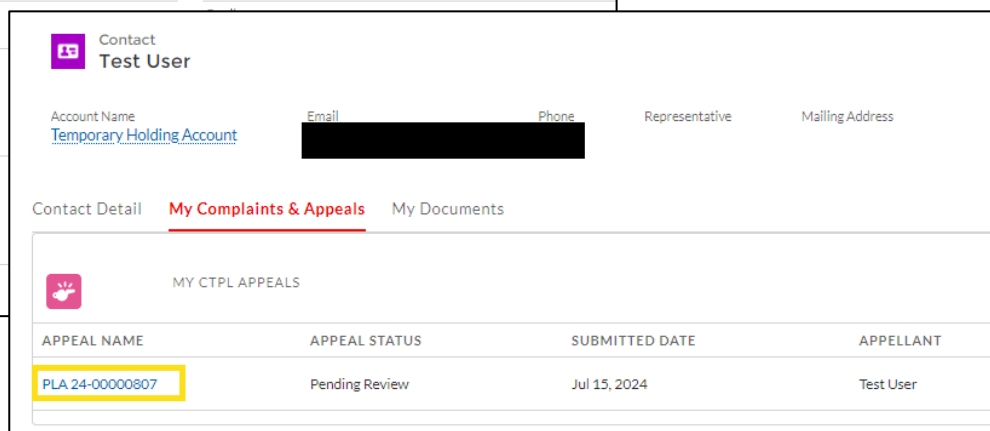
Representative:

Address Information

Mailing Address:

System Information

Account Name: [Temporary Holding Account](#)



Contact Test User


Account Name: [Temporary Holding Account](#) | Email: [REDACTED] | Phone: [REDACTED] | Representative: | Mailing Address:

My Complaints & Appeals (highlighted)

MY CTPL APPEALS

APPEAL NAME	APPEAL STATUS	SUBMITTED DATE	APPELLANT
<a href="#">PLA 24-00000807</a> (highlighted)	Pending Review	Jul 15, 2024	Test User

A copy of all documents and notices can be found in the "Documentation" tab.  
To upload a new document after submitting your appeal, click "Add Files".


 Paid Leave Appeal  
PLA 24-00000807 + Follow

Appellant Name: [Test User](#)    PPE / Public Authority: [Temporary Holding Account](#)    Appeal Status: Pending Review    Responder Status:    Appellant Status: Submitted

**Appeal Info**    **Documentation**


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Appellant Name: [Test User](#)    PPE / Public Authority: [Temporary Holding Account](#) ⓘ  
Appellant's Representative:    Responder: ⓘ  
Appellant Status: Submitted    Appeal Status: Pending Review  
Appeal Decision Date:

 Paid Leave Appeal  
PLA 24-00000807 + Follow

Appellant Name: [Test User](#)    PPE / Public Authority: [Temporary Holding Account](#)    Appeal Status: Pending Review    Responder Status:    Appellant Status: Submitted

Appeal Info    **Documentation**

 **Files - Documentation you upload is viewable by all parties associated with your case.** Add Files

Title	Owner	Last Modified	Size	
 Thank you for your Appeal Su...	CT_DOL_Appeals_Complaints System ...	7/15/2024, 9:57 AM	20KB	▼

[View All](#)