

# How to file your own CT Paid Leave Appeal?

Employee Step 1:

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



Employee 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](#)



Employee 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](#)

## Employee 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**  
[REDACTED]

**Preferred language**  
English

I'm not a robot   
reCAPTCHA  
Privacy · Terms

**Submit >**

Employee 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**

Employee 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**

Employee 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.**

Employee Step 11:

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 for myself”

Select yes or no for whether you have an attorney.

Click ‘Next’

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. Do you have an attorney representing you?

Note: An attorney is not required to file an appeal or complaint.

Yes

No

Next

## Employee Step 12:

Select whether you 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 ⓘ

Ex: 44846845

\* Date of Decision

\* Decision Reason ⓘ

Select an Option ▼

### 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 ⓘ

Ex: 44846845

\* Date of Decision

Jul 17, 2024

\* Decision Reason ⓘ

Claimant not eligible for benefits ▼

## Employee Step 13:

On the next screen fill in your SSN and telephone number.

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

### Appellant Information

Appellant Full Name

Test User

Email

trackgirlx33@gmail.com

\* 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.

\* Mailing Address Line 1

Mailing Address Line 2

Mailing Address Line 3

\* City

\* State

\* Zip Code

Employee Step 14:

On the next screen you must provide details on the reason why you are filing this appeal and why you disagree with the decision that you are appealing.

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

Employee Step 15:

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.

Telephone Number

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

## Employee Step 16:

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

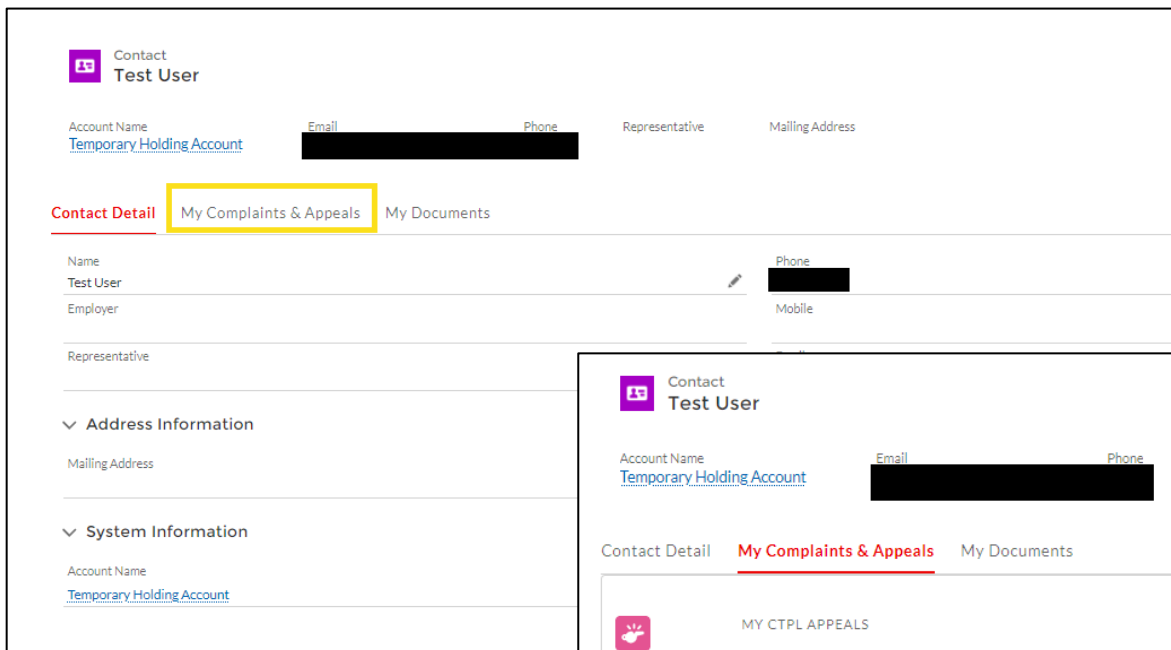
[Attach Files & Submit](#)

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

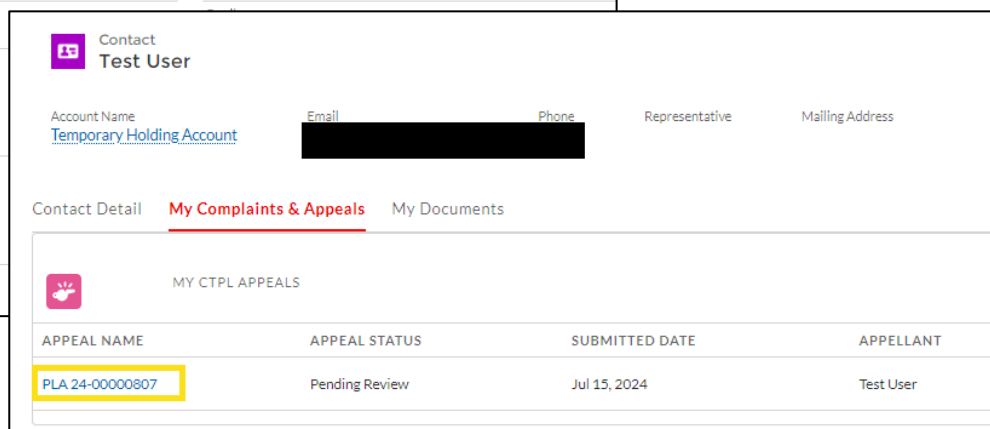
Account Name: [Temporary Holding Account](#) | Email: [REDACTED] | Phone: [REDACTED] | Representative: | Mailing Address:

**Contact Detail** | **My Complaints & Appeals** | My Documents

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:


Contact Detail | **My Complaints & Appeals** | My Documents

 MY CTPL APPEALS

APPEAL NAME	APPEAL STATUS	SUBMITTED DATE	APPELLANT
<a href="#">PLA 24-00000807</a>	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](#)