

**IMPORTANT NOTICE FOR CONNECTICUT STATE AGENCIES**

This form is to be used for proposed permanent and technical amendment regulations only and must be completed in full.

**AGENCY CERTIFICATION**

**Department of Labor**

Proposed Regulation Concerning

**Proceedings on Disputed Matters Pertaining to Unemployment Compensation Claims**

eRegulations System Tracking Number **PR2020-011**

**I hereby certify the following:**

(1) The above-referenced **regulation** is proposed pursuant to the following statutory authority or authorities: **Connecticut General Statutes §§ 4-8, 31-237g.**

*For technical amendment regulations proposed without a comment period, complete #2 below, then skip to #8.*

(2) As permitted by Section 4-168(h) of the *Connecticut General Statutes*, the agency elected to proceed without prior notice or hearing and posted the text of the proposed technical amendment regulation on eRegulations System website on **<<select and enter the date of posting>>**.

*For all other non-emergency proposed regulations, complete #3 - #7 below, then complete #8)*

(3) The agency posted notice of intent with a specified comment period of not less than 30 days to the eRegulations System website on **December 2, 2020.**

(4) (Complete one) ☐ No public hearing held or was required to be held. **OR** ☒ One or more public hearings were held on: **December 22, 2020.**

(5) The agency posted notice of decision to move forward with the proposed regulation to the eRegulations System website on **February 1, 2021.**

(6) (Complete one) ☐ No comments were received. **OR** ☒ Comments were received and the agency posted the statements specified in subdivisions (1) and (2) of CGS Section 4-168(e) to the eRegulations System website on **February 1, 2021.**

(7) The final wording of the proposed regulation was posted to the eRegulations System website on **February 1, 2021.**

(8) Subsequent to approval for legal sufficiency by the Attorney General and approval by the Legislative Regulation Review Committee, **the final regulation shall be effective**

(Check one and complete as applicable)

☒ When posted to the eRegulations System website by the Secretary of the State.

**OR** ☐ On \_\_\_\_\_

(Date must be a specific calendar date not less than 11 days after submission to the Secretary of the State)

**SIGNED**

(Head of Board, Agency or Commission,  
or duly authorized deputy)

**OFFICIAL TITLE**

Chairperson, Employment  
Security Board of Review

**DATE**

2/22/21