

Form ICM-ECOPY (NEW 6/2015)
State of Connecticut
Secretary of the State



IMPORTANT NOTICE FOR CONNECTICUT STATE AGENCIES
This form should be used only for regulations first noticed *on and after March 23, 2015*.

Electronic Copy Certification Statement

(Submitted in accordance with the provisions of section 4-172 of the Connecticut General Statutes)

Regulation of the
CONNECTICUT DEPARTMENT OF LABOR
Concerning
Paid Family and Medical Leave Insurance Appeal Procedures

Approved by the Legislative Regulation Review Committee: **January 25, 2022**

eRegulations System Tracking Number: **PR2021-032**

I hereby certify that the electronic copy of the above-referenced regulation submitted herewith to the Secretary of the State is a true and accurate copy of the regulation approved in accordance with sections 4-169 and 4-170 of the *Connecticut General Statutes*.

And I further certify that in accordance with the approval of Legislative Regulation Review Committee, all required technical corrections, page substitutions and deletions, if any, have been incorporated into said regulation.

In testimony whereof, I have hereunto
set my hand on <1/28/2022>.

A handwritten signature in blue ink that reads "Dante Bartolomeo".

Danté Bartolomeo
Interim Commissioner
Connecticut Department of Labor