

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**Connecticut Department of Labor**

Proposed Regulation Concerning

Unemployment Insurance ModernizationeRegulations System Tracking Number **PR2020-002****I hereby certify the following:**

(1) The above-referenced **regulation** is proposed pursuant to the following statutory authority or authorities: **CGS §§ 4-8, 31-350.**

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 **March 18, 2020.**

(4) *(Complete one)* No public hearing held or was required to be held. **OR** One or more public hearings were held on: .

(5) The agency posted notice of decision to move forward with the proposed regulation to the eRegulations System website on **May 6, 2020.**

(6) *(Complete one)* No comments were received. **OR** Comments were received and the agency posted the statements specified in subdivisions (2) and (3) of CGS Section 4-168(e) to the eRegulations System website on **n/a.**

(7) The final wording of the proposed regulation was posted to the eRegulations System website on **May 6, 2020.**

(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)*

Commissioner
OFFICIAL TITLE

5/6/2020
DATE