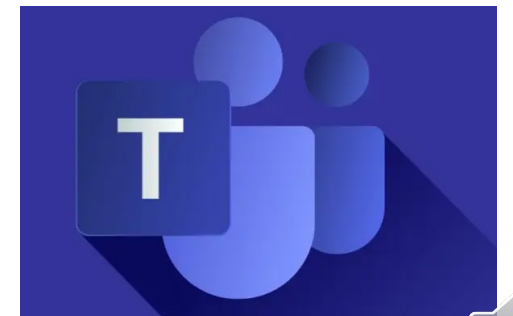


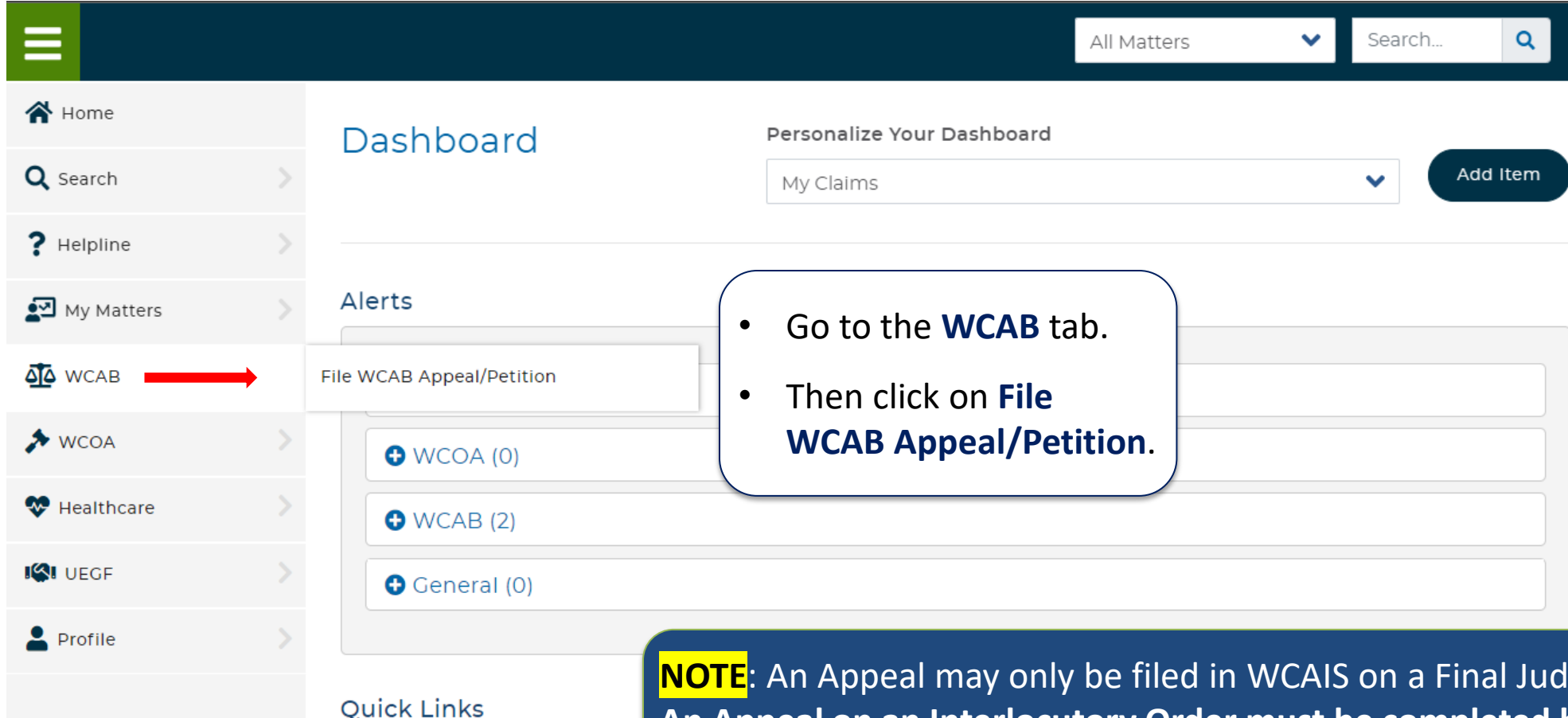


WELCOME!

Filing a WCAB Appeal in WCAIS



Filing a WCAB Appeal in WCAIS



The screenshot shows the WCAIS dashboard interface. On the left is a navigation menu with items: Home, Search, Helpline, My Matters, WCAB, WCOA, Healthcare, UEGF, and Profile. The 'WCAB' item is highlighted with a red arrow. The main content area is titled 'Dashboard' and includes a 'Personalize Your Dashboard' section with a dropdown menu set to 'My Claims' and an 'Add Item' button. Below this is an 'Alerts' section with a list of items: 'File WCAB Appeal/Petition', '+ WCOA (0)', '+ WCAB (2)', and '+ General (0)'. A callout box points to the 'File WCAB Appeal/Petition' item.

- Go to the **WCAB** tab.
- Then click on **File WCAB Appeal/Petition**.

NOTE: An Appeal may only be filed in WCAIS on a Final Judge's decision. An Appeal on an Interlocutory Order must be completed by paper and mailed or delivered to the WCAB Office.

Filing a WCAB Appeal in WCAIS

Matter Type	Count
Claim	2060

- Enter the **Claim Number** associated with the Dispute for which you want to file an Appeal/Petition
- Click on **Advanced Search** button.
- You should then see the Claim Number pop up in the results.
- Click on **Associate** Button

Hide Advanced Search For Claim

Claim Number:	123456
Claim Administrator Claim Number:	
Workers Compensation Id Number:	
Claimant First Name:	
Claimant Last Name:	
Claimant Address:	
SSN:	
Date of Birth From:	
To:	
Defendant/Employer Name:	
Business Unit:	
Claim Status:	
Claim File Date From:	
To:	
Date of Injury From:	
To:	

Advanced Search

Clear

Found 1 records. Showing 1 of 1 pages. Records per page: 10


Claim	View More	View Claim Summary	Associate
123456			
Claimant/Employee Name		Defendant/Employer Name:	
Business Unit: N/A	File Date: 09/10/2021	Claim Status: Closed	Date of Injury: Agency
Claim Number: N/A			

Filing a WCAB Appeal in WCAIS

File WCAB Appeal/Petition

- Select the **radio button** beside the decision you want appeal. Note there can be multiple decisions if there is more than one Dispute.
- Click on **File WCAB Appeal** button.

[+Expand](#)

WCAIS Claim #: Claimant/Employee Name: Defendant/Employer Name:
 Claim Status: **Closed** Date of Injury: [View Claim Summary](#)

Below are the WCJ's decision(s) that have been issued for the Dispute(s) on the claim from which an Appeal may be filed in WCAIS. If you are unable to select the decision you wish to appeal, or the decision does not display below, please contact the Workers' Compensation Appeal Board for clarification at (717) 783-7838, or ra-li-wcab@pa.gov.

Decision Rendered

Select One	Decision Type	Circulation Date	Judge	Dispute #	Status	WCOA Petition (date filed)
<input checked="" type="radio"/>	Decision Rendered	11/12/2021	Sebastianelli, Joseph	DSP- <input type="text"/>	Closed	Petition To/For (LIBC-378)-Seek Approval of a Compromise and Release Agreement (Ask Judge to approve settlement) (2021-10-15) , Claim Petition (LIBC-362)- (2021-09-09)

File WCAB Appeal

Cancel

To file a Petition with WCAB, click the File WCAB Petition button below.

Choose **File WCAB Petition** to go directly to filing a Petition.

File WCAB Petition

Cancel



Filing a WCAB Appeal in WCAIS

[+Expand](#)

WCAIS Claim #: [redacted] Claimant/Employee Name: [redacted] Defendant/Employer Name: [redacted]
Claim Status: Closed Date of Injury: [redacted] [View Claim Summary](#)

Dispute: DSP-8720338-1 Status: Closed Circulation Date: 11/12/2021 [Dispute Docket](#) [View Dispute Summary](#)

1 [Complete Appeal](#)

2 [Certify](#)

3 [Preview/Confirm](#)

Type of Appeal*: ☒ Appeal ☐ Cross Appeal

Filed on Behalf of*: [redacted] Claimant/Employee)

Provide reason(s) for filing this Appeal (enter reasons in each text box below 'uploaded' in specified box):

The Petitioner appeals from the decision of Workers' Compensation Judge (WCJ) [redacted] following findings of fact were not supported by sufficient, competent evidence, as decision is attached.

Enter Findings of Fact:
[Enter Finding of facts here]

The Petitioner appeals from the decision of WCJ Joseph Sebastianelli and alleges the following errors of law as to why the decision of the Judge does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. A copy of the Judge's decision is attached.

Enter Errors of Law:
[Enter Errors of Law here]

Upload Document(s)
If the Judge's decision you are appealing is not displayed in the grid below, you must upload the decision.

[Upload Document](#)

- Choose **Type of Appeal**.
- **Filed on Behalf of** should auto-populate; if not select party.

[Upload Document](#)

Document successfully uploaded! If this screen contains a Submit/Save/Continue button, please click button to finalize the upload. Scroll down to verify.

Document Sub Category: SELECT

Document Type: SELECT

Uploaded documents may not exceed 10MB

Upload Documents: Choose File No file chosen

Document Description: [redacted]

[Upload Document](#) [Close](#)

Document Type	Document Description	Submitted Date	Submitted By	Submission Method	Batch Number	Delete
Judge's Decision		08/17/2023	[redacted]	Online		Delete

[Cancel](#) [Back](#) [Continue](#)

Click on **Continue** button.



Filing a WCAB Appeal in WCAIS

WCAIS Claim #: [redacted] Claimant/Employee Name: [redacted] Defendant/Employer Name: [redacted]
Claim Status: Closed Date of Injury: [redacted] [View Claim Summary](#)

Dispute: DSP-[redacted]-1 Status: Closed Circulation Date: 11/12/2021 [Dispute Docket](#) [View Dispute Summary](#)

1 Complete Appeal

2 [Certify](#)

3 Preview/Confirm

Please indicate the method of service for each party listed below. You will receive a copy of the Notice of Appeal on your Dashboard for you to serve parties in the manner indicated below.

If the names and addresses of the Interested Parties and Associated Recipients do not appear on your Dashboard, please contact the Compensation Appeal Board at (717) 783-7838, or ra-li-wcab@pa.gov to have the Interested Parties added, so you can complete the filing process.

Interested Parties:

Name	Type	Business Unit	Address	Email Address	Manner Of Service
Claimant Name	Claimant/Employee		Claimant's Address		SELECT In Person Mail N/A E-Mail
Employer Name	Defendant/Employer		Employer Address		
Attorney Name	Defendant's Attorney		Attorney's Address	[redacted]@gmail.com	E-Mail
Insurer Name	Insurer		Insurer Address	[redacted]t@gmail.com	E-Mail
TPA Name	TPA		TPA Address		Mail

Select Manner Of Service.

Associated Recipients:

No Data Found

Additional Defendants:

No Data Found

Please enter any notes concerning changes and additions to the parties listed above:

You may enter notes concerning changes and additions to the parties list if applicable. This is not a required field

Service of the Notice of Appeal on WCJ Joseph Sebastianelli, as required by 34 Pa. Code § 111.12, will be deemed satisfied and effectuated electronically upon the acceptance of the Appeal in WCAIS. All other parties must still be served in the manner you indicate in the Proof of Service.

☒ I hereby certify that I am this day serving one copy of this document and all attachments as required by 34 Pa. Code § 111.12 to the parties in person, by mail, or electronically.

Filed By: [redacted] ESQ (Claimant's Attorney)

Cancel

Back

Continue

Certify by checking the box.

Click on **Continue** button.

Filing a WCAB Appeal in WCAIS

You are currently preparing to file an appeal in relation to the claim and the dispute below. The rules for filing an appeal are available for your review by clicking [here](#):

[+Expand](#)

WCAIS Claim #: [redacted] Claimant/Employee Name: [redacted] Defendant/Employer Name: [redacted]
Claim Status: Closed Date of Injury: [redacted] [View Claim Summary](#)

Dispute: DSP-[redacted]-1 Status: Closed Circulation Date: 11/12/2021 [Dispute Docket](#) [View Dispute Summary](#)

1 Complete Appeal
2 Certify
3 [Preview/Confirm](#)

Type of Appeal: Appeal
Filed on Behalf of: [redacted] (Claimant/Employee)
Reason(s) for filing this Appeal:
The Petitioner appeals from the decision of Workers' Compensation Judge (WCJ) Joseph Sebastianelli on the grounds that the following findings of fact were not supported by sufficient, competent evidence, as specifically set forth below. A copy of the Judge's decision is attached.

Findings of Fact:
Enter Finding of facts here

The Petitioner appeals from the decision of WCJ Joseph Sebastianelli and alleges the following errors of law as to why the decision of the Judge does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. A copy of the Judge's decision is attached.

Errors of Law:
Enter Errors of Law here

Attached Document(s):

Document Type	Document Description	Submitted Date	Submitted By	Submission Method	Batch Number
Judge's Decision		08/17/2023	[redacted]	Online	

Proof of Service:

Please indicate the method of service for each party listed below. You will receive a copy of the Online Appeal and Proof of Service on your Dashboard for you to serve.

If the names and addresses of the Interested Parties are not listed, you may add them by clicking on the "Add Party" button. If the names and addresses of the Interested Parties are listed, so you can complete the filing process.

Interested Parties:

Name	Type	Business Unit	Address	Email Address	Manner Of Service
Claimant Name	Claimant/Employee		Claimant Address		Mail
Employer Name	Defendant/Employer		Employer Address		Mail
Attorney Name	Attorney		Attorney Address	[redacted]@gmail.com	E-Mail
Insurer Name	Insurer		Insurer Address	[redacted]@gmail.com	E-Mail
TPA Name	TPA		TPA Address		Mail

Associated Recipients:

Additional Defendants:

Service of the Notice of Appeal on WCJ Joseph Sebastianelli, as required by 34 Pa. Code § 11.1, must be effectuated electronically upon the acceptance of the Appeal in WCAIS. All other parties must still indicate in the Proof of Service.

Notes concerning changes and additions to the parties listed above:
You may enter notes concerning changes and additions to the parties list if applicable.
This is not a required field.

I hereby certify that I am this day serving one copy of this document and all attachments as required by law, or electronically.

(Claimant's Attorney)

[Cancel](#) [Back](#) [Submit](#)

Click on **Submit** button to receive the confirmation of successful submission.

Review the form. If you need to make edits, click on the **Back** button to make any changes.

Filing a WCAB Appeal in WCAIS

File Appeal

[+Expand](#)

WCAIS Claim #: [REDACTED]	Claimant/Employee Name: [REDACTED]	Defendant/Employer Name: [REDACTED]
	Claim Status: Closed	Date of Injury: [REDACTED] View Claim Summary

Dispute: [REDACTED] 	Status: Closed	Circulation Date: 11/12/2021	Dispute Docket	View Dispute Summary
---	----------------	------------------------------	--------------------------------	--------------------------------------

Thank you for your online submission of the Appeal.
You may [print](#) this confirmation page now for your records (optional).

Confirmation that the Appeal has been filed successfully.

Your Confirmation Number is: APL-2023081[REDACTED].
Filed By: [REDACTED], ESQ (Claimant's Attorney) on 08/17/2023 at 12:25 PM.

This Confirmation Number is not your Appeal Number. Once your appeal has been accepted, you will receive a separate acknowledgment with your Appeal Number (i.e., A21-xxxx) and Brief schedule.

1. The **Online Appeal and Proof of Service**, including the Confirmation Number, which will momentarily generate on your Dashboard, must be served upon the designated parties in the manner you selected as required by 34 Pa. Code § 111.12.
2. If you wish to file a Supersedeas Petition click **HERE** REMINDER: If you link directly to the Supersedeas screen, please remember to serve the parties with the Appeal Proof of Service.

NOTE: If you do not see the Confirmation page, your Appeal has not been submitted.

Click on **Return To Dashboard** button to print Online Appeal and Proof of Service.

If you also need to file a Supersedeas Petition, click on the hyperlink **HERE** to be taken to the file Supersedeas Petition screen.

Print

Return To Dashboard



Filing a WCAB Appeal in WCAIS



Bureau of Workers' Compensation (BWC)

Information Services Helpline:

Toll-Free inside PA: 800-482-2383

Local outside PA: 717-772-4447

Email: ra-li-bwc-helpline@pa.gov

Workers' Compensation Office of Adjudication (WCOA)

Phone: 844-237-6316

Email: wcoaresourcecenter@pa.gov

Workers' Compensation Appeal Board (WCAB)

Phone: 717-783-7838

Email: ra-li-wcab@pa.gov

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