




COMMONWEALTH OF MASSACHUSETTS
CONSUMER PORTAL
USER GUIDE

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REGISTRATION

Registration for the Consumer Portal will be completed to verify the user's information and create a username and password via the Consumer Portal Registration link. Each user will input their First Name, Last Name, Home Zip Code and Birthdate to verify their identity based on the demographic data received from the employer. The user may select the "Terms and Conditions" and "Terms of Use" hyperlink to view those documents. [Consumer Portal Registration](#)

workpartners 


Workpartners
Portal Login

 Username

Log In

Need to Register?

[Forgot username?](#)

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Register

Enter your information below. We will match this to the information we have on file.

First Name

Last Name

Zip Code

Birthdate

Month

Day


Year

By clicking "Agree" below, you agree to our [Terms and Conditions](#) and [Terms of Use](#).

Agree

Users who receive an error message when attempting to register should contact the [Employee Service Center](#) (ESC) for assistance with verifying their personal information in HR/CMS. The ESC may be reached at 855-447-7778 or via the other contact information listed on their webpage: <https://www.mass.gov/orgs/masshr-employee-service-center-esc>.

After the user enters their demographic information, the user will be prompted to enter their Employee Number. Select "Next".

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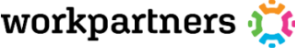
Enter your employee number

Employee Number

Next

The user will be prompted to create a Username and Password. This will be a unique log in that will be used after the registration process is completed. Select “Next”.

Note: Passwords must be between 8 and 16 characters and include an uppercase letter, a number, and a special character.



Create your username and password

Choose a username and password. You will use these to login to all of your Workpartners tools.


Username

Password

Confirm Password

Next

The user will need to follow the Two-Step authentication by reading the instruction and opening the “FAQ document” if needed.



Two-step authentication


Now let's set up two-step authentication to keep your account secure. For more information, please visit our [FAQ document](#).

Step 1:
In the next step, you will be asked to provide a phone number where you can receive an authenticating text message or phone call.

Step 2:
Enter the verification code that you received to verify your identity. Workpartners doesn't charge for text messages. However, data, message and voice rates from your carrier may apply.

Next

The user will provide their phone number and select to receive a text or phone call with the verification code.

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Two-step authentication

Enter your phone number and select your preferred method of contact. Enter the verification code when you receive it. For more information, please visit our [FAQ document](#).

Country Code

United States (+1) ▼

Phone Number


Phone Number

Send Code

Call Me


Workpartners doesn't charge for text messages. However, data, message and voice rates from your carrier may apply.

User will enter the Verification Code received and select “Verify Code”.

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Two-step authentication

Enter your phone number and select your preferred method of contact. Enter the verification code when you receive it. For more information, please visit our [FAQ document](#).

+141 
[Edit](#)

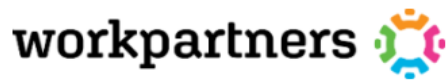
Verification Code

459139|

Didn't receive the code? [Send a new code](#).

Verify Code

When this step is successfully completed, registration will be confirmed.



Registration complete

You have successfully created a Workpartners account.

You can use the username and password that you created during the registration process to access all of your Workpartners accounts.

Log in

If additional help is needed, please contact Workpartners at 1-833-640-2800. Workpartners Intake Customer Service is equipped to troubleshoot log in issues.

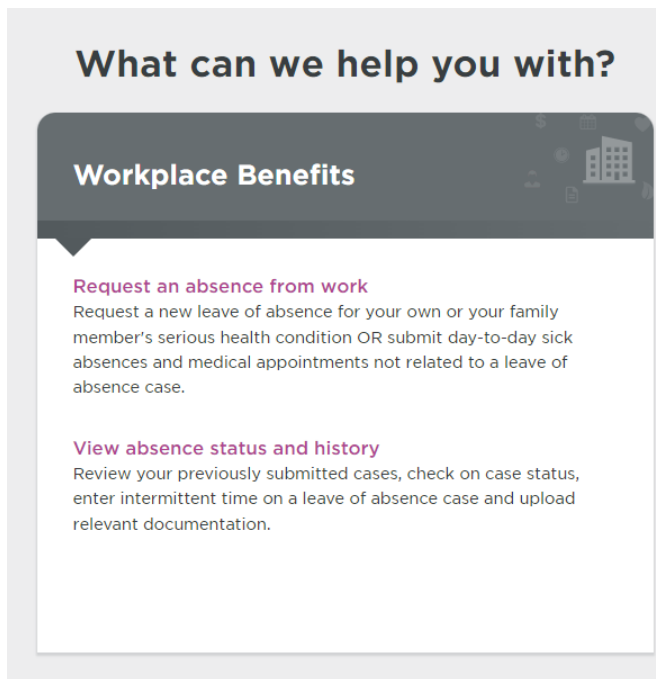
LOGGING IN

Once registration has been completed, the user may access the Consumer Portal by using their username via the log in link and will be prompted to enter their password. [Consumer Portal Log In](#)

A screenshot of the Workpartners Portal Login screen. It features the Workpartners logo at the top. Below the logo, the text "Workpartners Portal Login" is displayed. There is a white input field with a user icon and the placeholder text "Username". Below this is a teal "Log In" button. At the bottom, there is a link "Need to Register?" and a link "Forgot username?".A screenshot of the Workpartners "Log in to your account" screen. It features the Workpartners logo at the top. Below the logo, the text "Log in to your account" is displayed. Underneath, it says "Enter your username and password to log in to your Workpartners account." There are two input fields: "Username" and "Password". The "Password" field has a "SHOW" link to its right. Below the input fields is a purple "Log in" button. At the bottom, there are three links: "Forgot User ID?", "Reset Password", and "Edit Profile".

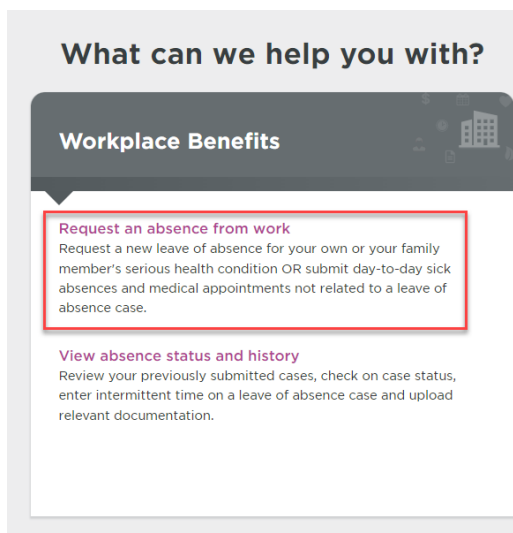
Users may also take steps to retrieve their username or reset their password by selecting the appropriate option and completing the requested information. If additional help is needed, please contact Workpartners at 1-833-640-2800. Workpartners Intake Customer Service is equipped to troubleshoot log in issues.

Once the user is logged in, the welcome dashboard will display with options to request a new absence or view absence status and history.



REQUESTING AN ABSENCE

Once logged into the Consumer Portal, select “Request an absence from work” in the left navigation



The user will begin the process of requesting a new absence by selecting “Next” to answer additional questions about the details of the leave of absence.

Before submitting the absence request, we need to ask a few preliminary questions to ensure the correct request is being filed. These questions aim to reduce the number of follow up phone calls and speed along the absence request process.

If you need additional assistance with submitting your absence, call Workpartners at 833-640-2800.

Select to file an absence for “Myself” then select “Next”.

I want to file an absence for:

☒ Myself

☐ My employee

Note: The capability to file an absence for “My employee” is currently unavailable.

Requests submitted through the Consumer Portal are for new Intermittent or Consecutive leave of absence case requests or to submit a day-to-day Unplanned Absence.

Do you need to report a day-to-day absence?

☐ I need to report a day-to-day sick absence or medical appointment not related to an FMLA, PFML or other protected leave policy case

Do you need a protected absence related to FMLA, PFML or other protected leave policy?

☐ I am ill or injured (continuous or intermittent medical leave)

☐ A family member is ill or injured (continuous or intermittent medical leave)

☐ I am pregnant / expecting

☐ I am expecting a child as the non-birthing parent

☐ Other

NEXT >

Requesting a protected absence related to FMLA, PFML or other protected leave policy

A protected leave of absence case would be requested for a continuous or intermittent absence related to your own illness or injury, a family member's illness or injury, pregnancy, or bonding with a child.

Select the applicable reason for your absence.

NOTE: *If requesting a leave for "other", the user will be prompted to call Workpartners to complete requesting their leave of absence.*

Please contact WorkPartners intake at 833-640-2800 to file this claim request.

Select "Next" and continue to answer all questions necessary to submit the new case request. Some examples of questions that will be asked are as follows:

Reason for Leave

The information that the user provides here should best describe the reason for the absence being reported. The reason that the user provides can be either a general reason, such as "doctor's visit," or a specific condition (if the user wishes to disclose one).

The user will need to type text in this field to search for the general reason for the absence. The reason that is provided can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type text if not displayed. Up to five (5) reasons/conditions may be entered, if necessary, but at least one reason must be provided to move forward.

Type text in this field to search for the general reason for your absence. The reason that you provide can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type your text if not displayed. You can add up to five (5) reasons/conditions, if necessary, but at least one reason must be provided to move forward.

Search for condition



You may select up to five (5) options.

NOTE: *The reason/condition that the user provides here will NOT be included in the absence notifications that are sent to the absent employee's supervisor(s). The reason/condition that the user provides here will only be available to Workpartners staff and the employee's authorized HR professionals when necessary to process or follow up on the employee's absence report.*



Intermittent or Continuous Leave Request

Select if the leave of absence is continuous by answering **Yes** or intermittent by answering **No**. Select "Next".

Do you plan on taking a continuous absence, starting and ending on specific dates? Please select no if you plan on taking time off on intermittent intervals.	
<input type="radio"/>	Yes
<input type="radio"/>	No

Continuous Leave Request

The user will be prompted to enter the start date and end date of the case request. If time has already been missed, this should be the date of the first day missed from work. If this is a future request, these dates should be the expected start date and end date. *Dates may be updated if needed.*

Please select the range of dates that you expect to miss work or have already missed:	
Note: select the first date missed under "Start Date" tab, then click the "End Date" tab for the last day missed.	
<div> Start Date</div>	<div> End Date</div>

Intermittent Leave Request

The user will be prompted to report any known absences related to the condition.

Do you know the days you have missed or will miss?	
<input type="radio"/>	Yes
<input type="radio"/>	No

If **No**, no further information is needed on this page. Select "Next".

If **Yes**, additional absence details will be entered:

Select the date of the absence

What day have you or will you miss?

SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

< Was a full day of work missed or will be missed for this absence?
January 12, 2023

☐ Yes

☐ No

CONTINUE

If **Yes**, select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting “Other” will allow the user to enter the time in a text box.

< How much time was missed or will be missed for this absence?
January 12, 2023

8
HOURS

OTHER

7 30
HOURS MINUTES

CONTINUE

If **No**, Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

< What is the start and end time of your absence?
January 12, 2023

Start: 08:00 AM ⓘ
HH:MM AM/PM

End: 10:00 AM ⓘ
HH:MM AM/PM

Duration (Hours : Minutes)
02:00

CONTINUE

Is the absence for a visit to a doctor or other health care professional? If the absence was due to incapacity without an appointment, select **No**.

< Was / Is this absence for a visit to a doctor's office or other health care professional?

September 06, 2022

☒ Yes

☐ No

Enter additional details about the absence when applicable. This field is **Not Required**. Select "Next".

< If there is any other information you would like to share about this absence request, please provide it here.

September 06, 2022

Enter additional information here.

NEXT

The submitted absence will appear, and additional days may be entered. When no more days will be entered, select "Next".

What day have you or will you miss?

SEP 13

< SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER >

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Note: Clicking on the date listed will allow the user to edit the absence information. Selecting the red 'x' on any date listed will remove the absence.

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Procedural Questions Asked by the Commonwealth

The Commonwealth requires some additional questions about the absence being reported to ensure that payroll, contact tracing, and infection prevention protocols are followed. These include:

Is your absence due to a work-related illness or injury?	
<input type="radio"/>	Yes
<input type="radio"/>	No

Communication Preference

The user will be able to select their preference for how they would like to receive documents related to their leave of absence request.

Would you like to receive documents and updates for this absence request via email? <small>This is the fastest, most convenient way to manage this claim.</small>	
<input checked="" type="radio"/>	Yes! Send claim documents and updates via email.
<input type="radio"/>	No, do not send claim documents and updates via email.

Please provide your email address. The email address provided here will only be used by WorkPartners to send documents and updates about the case. This will not update your HR record.

Would you like to receive documents and updates for this absence request via email? <small>This is the fastest, most convenient way to manage this claim.</small>	
<input type="radio"/>	Yes! Send claim documents and updates via email.
<input checked="" type="radio"/>	No, do not send claim documents and updates via email.

Please provide your mailing address. The mailing address provided here will only be used by WorkPartners to send documents and updates about the case. This will not update your HR record. If you need to make changes to your address on file, please contact your Human Resources Department.

123 Test Ave
Add address line for apartment, floor, etc. (Optional)
City
MA
12345

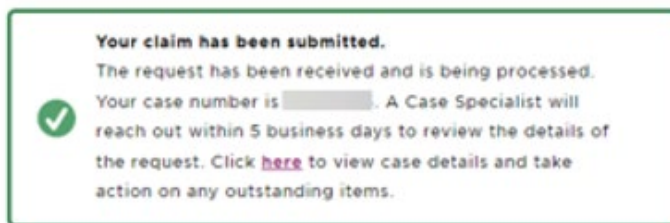
The user will also be asked to provide their preferred phone number.

Please provide your preferred phone number. <small>The phone number you provide will only be used by WorkPartners and will not update your HR record.</small>	
<input type="text" value="XXX-XXX-XXXX"/>	

Claim Confirmation

A summary of the request will display with the capability to edit each section if needed.

Once all questions are completed and reviewed for accuracy, the user will submit the claim. The user will receive a claim confirmation with the case number for reference.

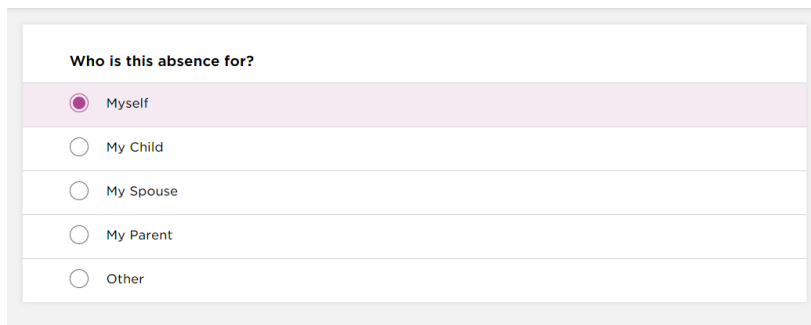


Reporting a day-to-day absence (Unplanned Absence)

A day-to-day or unplanned absence would be submitted for a sick absence or a medical appointment that is not related to an FMLA, PFML or other protected leave policy case.

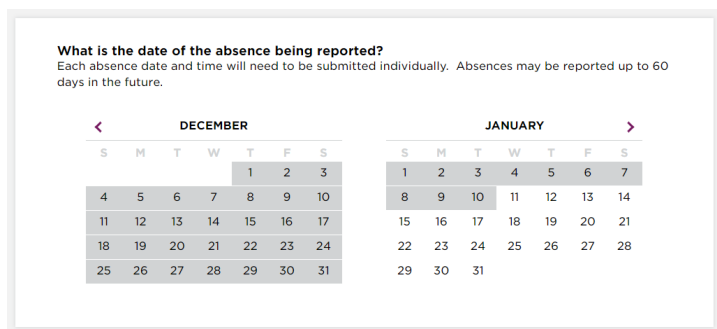
Select the applicable option for the day-to-day absence and Select Next.

Select who the absence is for. If selecting "other" there will be a prompt to enter the relationship.

A form titled "Who is this absence for?" with five radio button options: "Myself", "My Child", "My Spouse", "My Parent", and "Other". The "Myself" option is selected and highlighted with a pink background.

Who is this absence for?	
<input checked="" type="radio"/>	Myself
<input type="radio"/>	My Child
<input type="radio"/>	My Spouse
<input type="radio"/>	My Parent
<input type="radio"/>	Other

Enter the date of the absence that is being reported. Absences may be reported up to one day in the past to cover shifts that span multiple days and up to 60 days in the future.

A form titled "What is the date of the absence being reported?" with a calendar view for December and January. The calendar shows days of the week (S, M, T, W, T, F, S) and dates. The date 10 is highlighted in the January calendar.

What is the date of the absence being reported?
Each absence date and time will need to be submitted individually. Absences may be reported up to 60 days in the future.

DECEMBER							JANUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28
25	26	27	28	29	30	31	29	30	31				

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

This screenshot shows the first step of the absence reporting process. At the top, there is a back arrow and the question "Was a full day of work missed or will be missed for this absence?". Below this, the date "January 12, 2023" is displayed. There are two radio button options: "Yes" and "No". At the bottom, there is a grey "CONTINUE" button.

< Was a full day of work missed or will be missed for this absence?

January 12, 2023

☐ Yes

☐ No

CONTINUE

If **Yes**, select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting "Other" will allow the user to enter the time in a text box.

This screenshot shows the second step of the absence reporting process. It starts with a back arrow and the question "How much time was missed or will be missed for this absence?". The date "January 12, 2023" is shown. There are two main options: "8 HOURS" and "OTHER". The "OTHER" option is selected, and it has sub-inputs for "HOURS" (7) and "MINUTES" (30). At the bottom, there is a purple "CONTINUE" button.

< How much time was missed or will be missed for this absence?

January 12, 2023

8 HOURS

OTHER

7 30

HOURS MINUTES

CONTINUE

If **No**, Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

This screenshot shows the third step of the absence reporting process. It begins with a back arrow and the question "What is the start and end time of your absence?". The date "January 12, 2023" is displayed. There are three input fields: "Start:" with the value "08:00 AM", "End:" with the value "10:00 AM", and "Duration (Hours : Minutes)" with the value "02:00". Each time input field has a small circular icon with a clock face. Below the "Start:" and "End:" fields is the text "HH:MM AM/PM". At the bottom, there is a purple "CONTINUE" button.

< What is the start and end time of your absence?

January 12, 2023

Start: 08:00 AM

End: 10:00 AM

Duration (Hours : Minutes) 02:00

HH:MM AM/PM HH:MM AM/PM

CONTINUE

The date of the absence being reported will be present for review. Each Unplanned Absence must be submitted individually. There will be a prompt after submission to enter another absence if needed.

Note: Clicking on the date listed will allow the user to edit the absence information. Selecting the red 'x' on any date listed will remove the absence.

What is the date of the absence being reported?
Each absence date and time will need to be submitted individually. Absences may be reported up to 60 days in the future.

JAN 12

The information that the user provides here should best describe the reason for the absence being reported. The reason that the user provides can be either a general reason, such as “doctor’s visit,” or a specific condition (if the user wishes to disclose one).

The user will need to type text in this field to search for the general reason for the absence. The reason that is provided can be either a general reason, such as “doctor’s visit,” or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type text if not displayed. Unplanned Absences only allow for one (1) reason and a reason must be provided to move forward.

Type text in this field to search for the general reason for your absence. The reason that you provide can be either a general reason, such as “doctor’s visit,” or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type your text if not displayed. A reason must be provided to move forward.

Search for condition

Sick

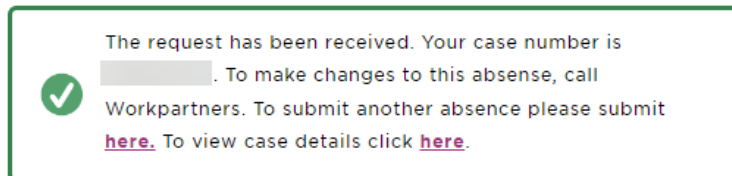
The Commonwealth requires some additional questions about the absence being reported to ensure that payroll, contact tracing, and infection prevention protocols are followed. These include:

Is your absence for an overtime shift?
<input type="radio"/> Mandatory OT
<input type="radio"/> Voluntary OT
<input type="radio"/> Not OT

A summary of the request will display with the capability to edit each section if needed.

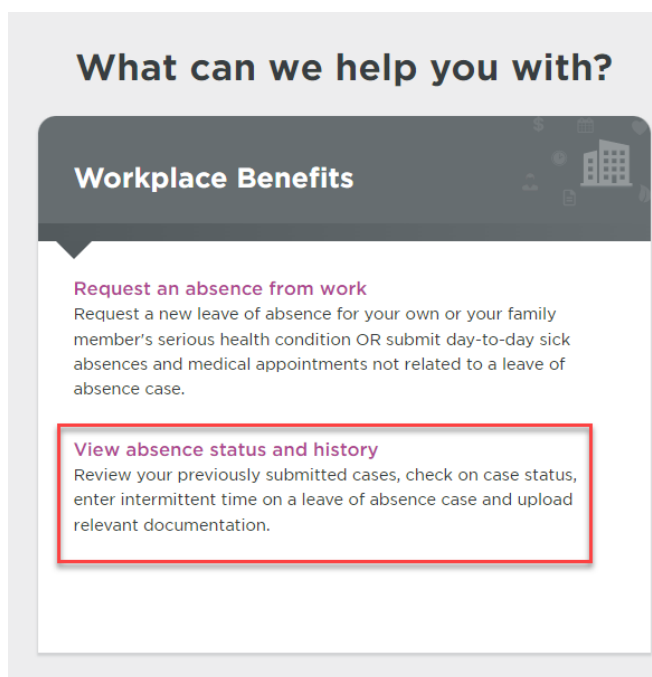
Once all questions are completed and reviewed for accuracy, the user will submit the absence. The user will receive a confirmation with the case number for reference.

The user will also be able to select the link to submit an additional absence if needed.



VIEWING CASE STATUS AND HISTORY

Users are able to view status and details of current and historical cases in the Consumer Portal. Select the "View absence status and history" to access cases.



The Absence Status and History page will provide information on cases for both unplanned absences and leaves of absence. Unplanned absences (Employee Sick and Family Sick) will always appear as pending because authority to approve unplanned absences remains with the employee's department, not Workpartners. The claims history provides a record of all unplanned absences reported to Workpartners, even if the unplanned absence was later cancelled by the employee

Claims History

The claims history will provide a listing of all current or historical cases and absences. This listing will provide the case number, case dates and case reason. Selecting “View More” will provide case policies and details of each policy.

Claims History

Case # [REDACTED] Sep. 02, 2022 • • • Sep. 16, 2022

Employee Health Condition

- DENIED** Short Term Disability 1 Sep. 02, 2022 • • • Sep. 08, 2022
- PENDING** Family Medical Leave Act Sep. 02, 2022 • • • Sep. 16, 2022
- PENDING** Short Term Disability 1 Sep. 09, 2022 • • • Sep. 16, 2022

[View Less -](#)

Case # [REDACTED] Oct. 01, 2021 • • • Jan. 02, 2022

Pregnancy/Maternity

[View More +](#)

Selecting the purple arrow will allow the user to see details of that specific case only.

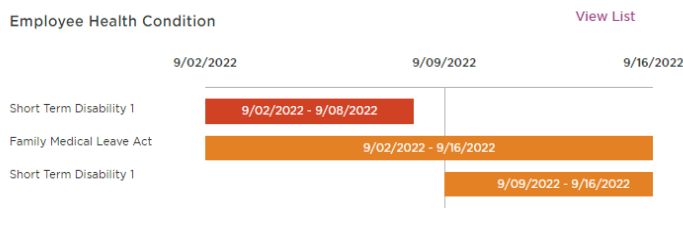
Claims History

Employee Health Condition [View Timeline](#)

- DENIED** Short Term Disability 1 Sep. 02, 2022 • • • Sep. 08, 2022
- PENDING** Family Medical Leave Act Sep. 02, 2022 • • • Sep. 16, 2022
- PENDING** Short Term Disability 1 Sep. 09, 2022 • • • Sep. 16, 2022

My Uploaded Documents [Add Document](#)

Selecting “View Timeline” will provide a bar graph of each policy status and dates and how they may interact with multiple policies.



Uploading Documents

Users are able to upload required documents regarding the leave of absence case. Select “Add Document” to start the upload process.

Claims History

Employee Health Condition

View Timeline

DENIED

Short Term Disability 1

Sep. 02, 2022 • • • Sep. 08, 2022

PENDING

Family Medical Leave Act

Sep. 02, 2022 • • • Sep. 16, 2022

PENDING


Short Term Disability 1


Sep. 09, 2022 • • • Sep. 16, 2022


My Uploaded Documents


Add Document 


Select the Document Type that will be uploaded and select “Choose File” to select the saved document to upload to the case.


Choose document type 


Accommodation Request Form (UPMC) 


Authorization Form 


Medical Authorization Packet ADA 


Medical Certification 



Medical Record 


Miscellaneous Court Paper 

RTW Note 

Miscellaneous Document 

Proof of Birth 

 Upload Document 



NO FILE CHOSEN

CHOOSE FILE

Upload Document

Submitting Time on an Open Intermittent Case

Users are able to submit time to an open intermittent case.

Select the correct open intermittent case that time is being reported for by selecting the purple arrow.
Select to “Submit New Absence Time.”

Claims History

Employee Health Condition

[View Timeline](#)


● **PENDING**

Legislative Sick Leave Bank

Sep. 12, 2022 • • • Sep. 11, 2023

[Submit new absence time](#)

My Uploaded Documents

[Add Document](#) 

Select the date of the absence being reported

Submit new absence time

Case #

[Back to claim details](#)

What day have you or will you miss?

< SEPTEMBER 2023							OCTOBER 2023 >						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				

[Submit Absence](#)

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

< Was a full day of work missed or will be missed for this absence?

October 25, 2023

☐ Yes

☐ No

[CONTINUE](#)

If **Yes**, select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting “Other” will allow the user to enter the time in a text box.

How much time was missed or will be missed for this absence?

<

October 25, 2023

8
HOURS

OTHER

7 30
HOURS MINUTES

CONTINUE

If **No**, Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

What is the start and end time of your absence?

<

October 25, 2023

Start: End: Duration (Hours : Minutes)

08:00 AM 10:00 AM 02:00

HH:MM AM/PM HH:MM AM/PM

CONTINUE

Is the absence for a visit to a doctor or other health care professional? If the absence was due to incapacity without an appointment, select **No**.

Was / Is this absence for a visit to a doctor's office or other health care professional?

<

October 25, 2023

☒ Yes

☐ No

CONTINUE

Enter additional details about the absence when applicable. This field is **Not Required**. Select “Next”.

If there is any other information you would like to share about this absence request, please provide it here.

October 25, 2023

Enter additional information here.

NEXT

The submitted absence will appear, and additional days may be entered. When no more days will be entered, select “Submit Absence”.

What day have you or will you miss?

OCT 25

< SEPTEMBER 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2023 >

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Note: Clicking on the date listed will allow the user to edit the absence information. Selecting the red ‘x’ on any date listed will remove the absence.

A confirmation of the submitted absence will appear.

Submit new absence time

Case #99902323

[Back to claim details](#)



Submission Successful

Thank you for submitting your form.

Note: At this time, absences that have been submitted cannot be edited or deleted through the Consumer Portal. If an edit or deletion is needed, please contact Workpartners at 1-833-640-2800 for assistance.