STATE OF WISCONSIN	)	
	)	SS
DEPARTMENT OF WORKFORCE	)	
DEVELOPMENT	)	

TO THE PEOPLE OF THE STATE OF WISCONSIN:

I, Raymond Allen, Secretary of the Wisconsin Department of Workforce Development and custodian of the department's official records, certify that the attached rule affecting ch. DWD 75, relating to appeal procedures for vocational rehabilitation services, was duly approved and adopted by this department on April _____, 2016.

I further certify that I have compared the attached rule copy with the signed original on file with the department and that the attached copy is a true and complete copy of the original.

Signed and sealed at the department offices in the city of Madison, Dane County, Wisconsin, this _____ day of April, 2016.

_____

Ray Allen, Secretary