STATE OF WISCONSIN	)	
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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 131, relating to pre-employment drug testing, substance abuse treatment program and job skills assessment, was duly approved and adopted by this department on March _____, 2017.

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 March, 2017.

_____

Raymond Allen, Secretary