

STATE OF WISCONSIN)
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DEPARTMENT OF WORKFORCE)
DEVELOPMENT)

TO THE PEOPLE OF THE STATE OF WISCONSIN:

I, Caleb Frostman, Secretary - Designee of the Wisconsin Department of Workforce Development and custodian of the department's official records, certify that the attached rule affecting chs. DWD 100-150, relating to minor and technical changes to the Unemployment Insurance program, was duly approved and adopted by this department on April _____, 2019.

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, 2019.

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Caleb Frostman, Secretary - Designee