

## WISCONSIN LEGISLATIVE COUNCIL STAFF

LCRC  
FORM 2***RULES CLEARINGHOUSE***

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**CLEARINGHOUSE REPORT TO AGENCY**

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[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

**CLEARINGHOUSE RULE 00-046**

AN ORDER to repeal and recreate DWD 272.085; and to create DWD 270.085, relating to student worklike activities that do no constitute employment.

Submitted by **DEPARTMENT OF WORKFORCE DEVELOPMENT**

03-01-00 RECEIVED BY LEGISLATIVE COUNCIL.

03-22-00 REPORT SENT TO AGENCY.

RNS:DF:jal;rv

**LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT**

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached      YES       NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached      YES       NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached      YES       NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS  
[s. 227.15 (2) (e)]

Comment Attached      YES       NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached      YES       NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL  
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached      YES       NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached      YES       NO

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## RULES CLEARINGHOUSE

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## CLEARINGHOUSE RULE 00-046

### Comments

**[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]**

#### **2. Form, Style and Placement in Administrative Code**

a. Section DWD 270.085 (1) (intro.) and (2) (intro.) are awkwardly drafted and should be redrafted as follows:

DWD 270.085 (1) (intro.) SPECIFIC ALLOWABLE ACTIVITIES. A student may perform worklike activities in his or her own elementary or secondary school, with or without compensation, which shall not constitute employment if all of the following conditions are met:

DWD 270.085 (2) (intro.) CONDITIONS FOR OTHER WORKLIKE ACTIVITIES. A student may perform worklike activities, other than those listed in sub. (1) (a), in his or her own elementary or secondary school, with or without compensation, which shall not constitute employment if all of the following conditions are met:

Also, in light of the above, the second sentence of sub. (2) (a) should be deleted.

b. In the treatment clause of SECTION 2, "DWD" should be inserted before "272.085."

**4. Adequacy of References to Related Statutes, Rules and Forms**

a. In s. DWD 272.085 (1) (a), the reference to “established federal Fair Labor Standards Act rates” is insufficient to inform the reader of the specific federal rates or where those rates may be found. This provision should contain a specific reference to the applicable U.S. Code section that sets forth the wage rates. The reference to the “federal Fair Labor Standards Act” may be placed in a note.

b. In s. DWD 272.085, it appears that the correct reference is to s. DWD 270.085.

**5. Clarity, Grammar, Punctuation and Use of Plain Language**

In the first sentence of s. DWD 270.085 (2) (a), “and” should be substituted for the first comma, a period should be inserted after the first “student” and the remainder of the sentence should be deleted. The meaning of the last clause in the sentence is unclear and the clause is probably unnecessary since the activity must be “basically educational.”

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

**Student Worklike Activities That Do Not Constitute Employment  
DWD 270.085 and 272.085**

The Wisconsin Department of Workforce Development proposes an order to repeal and recreate s. DWD 272.085 and to create s. DWD 270.085 relating to student worklike activities that do not constitute employment.

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**Analysis Prepared by the Department of Workforce Development**

**Statutory authority:** Secs. 103.66 and 104.04, Stats.

**Statutes interpreted:** Sec. 103.66 and 104.04, Stats.

The state's administrative rules on child labor currently do not contain specific provisions on the status of students who perform services such as helping in the lunchroom or cafeteria or performing minor clerical work in the school office or library. The field operations handbook of the Wage and Hour Division of the U.S. Department of Labor provides that student activities of this type should not be treated as employment under the wage and hour laws as long as certain conditions are met. This rule adopts a policy similar to the federal standards.

The proposed rule allows a student to help in the school lunchroom, clean a classroom, act as a hall monitor, or perform minor clerical work in the school office or library for periods of one hour per day or less. Other student worklike activities are permissible and not sufficient to constitute employment if they have an educational benefit for the student, do not add more than one hour to the school day, and do not displace a regular employe. Student worklike activities that meet these criteria are not subject to the minimum wage requirements.

**SECTION 1. DWD 270.085 is created to read:**

**DWD 270.085 Student worklike activities. (1) SPECIFIC ALLOWABLE ACTIVITIES.** It is permissible under this chapter and not sufficient to constitute employment regardless of whether compensation is received when a student performs worklike activities in his or her own elementary or secondary school <sup>if all...</sup> ~~under~~ <sup>middle school</sup> the following conditions:

(a) The student helps in the school lunchroom or cafeteria, cleans a classroom, acts as a hall monitor, or performs minor clerical work in the school office or library. <sup>one hour</sup>

(b) The student performs the activities in par. (a) for periods of an hour per day or less on days school is in session or for longer time periods on days that school is not in session so that the annual total time spent on the activities listed in par. (a) is no more than the equivalent of one hour per school day.

**(2) CONDITIONS FOR OTHER STUDENT WORKLIKE ACTIVITIES.** Student worklike activities in an elementary or secondary school other than those listed in sub. (1) are permissible under this chapter and will not be considered sufficient to constitute employment <sup>if all...</sup> ~~under~~ the following conditions:

(a) The activity is basically educational, is conducted primarily for the benefit of the student, and comprises one of the facets of the educational opportunities offered to the student. The nonemployment status is not changed if the student also receives payment in order to have a more realistic worklike situation or as an incentive to the student.

(b) The time in attendance at school plus the time spent at the activity does not exceed the time that the student would be required to attend school under a normal academic schedule by more than one hour per day.

(c) The student does not displace a regular employe or reduce previously existing employment opportunities by performing work that would otherwise be performed by regular employes.

<sup>DWD</sup>  
**SECTION 2. 272.085 is repealed and recreated to read:**

**DWD 272.085 Student activities and employment. (1) INDEPENDENT COLLEGES AND UNIVERSITIES.** (a) Independent colleges and universities may

employ full-time students who are 18 years of age and over for 20 hours per week or less at the established federal Fair Labor Standards Act rates

*needs a more specific reference*

(b) Students who work at independent colleges or universities for over 20 hours per week shall be paid at the rates established under s. DWD 272.03.

(2) ELEMENTARY AND SECONDARY SCHOOLS. Student activities that meet the criteria of s. DWD 272.085 are not covered by the minimum wage provisions of this chapter.

EFFECTIVE DATE. This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register as provided in s. 227.22(2)(intro.), Stats.

Tommy G. Thompson  
Governor

Linda Stewart  
Secretary



OFFICE OF THE SECRETARY

201 East Washington Avenue  
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AUG 16 2000

**State of Wisconsin**  
**Department of Workforce Development**

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August 10, 2000

Senator James Baumgart, Chair  
Senate Committee on Labor  
Room 306 South  
State Capitol  
INTER-D

Representative Daniel Vrakas, Chair  
Assembly Committee on Labor and Employment  
Room 119 West  
State Capitol  
INTER-D

Dear Senator Baumgart and Representative Vrakas:

In response to concerns expressed at a meeting called by Senator Baumgart, the department is submitting a germane modification to proposed rules currently under review by the Senate Committee on Labor and the Assembly Committee on Labor and Employment. The rule is CR 00-046, DWD 270.085 and 272.085, relating to student worklike activities that do not constitute employment. The modification is to s. DWD 270.085(1)(b).

Sec. DWD 270.085(1)(b) is rewritten to read: "The student may perform the activities listed in par. (a) for periods of one hour or less on days that school is in session. The student may perform the activities listed in par. (a) for longer periods on days that school is not in session but may not perform the activities for longer hours on more than a few consecutive days. The annual total time that the student performs the activities listed in par. (a) shall not exceed the equivalent of one hour per school day in any school budget year."

Respectfully submitted,

A handwritten signature in cursive script that reads "Linda Stewart".

Linda Stewart, Ph.D.  
Secretary

copy:

Senate Committee on Labor members  
Assembly Committee on Labor and Employment members  
Senator Robson, JCRAR Co-Chair  
Representative Grothman, JCRAR Co-Chair  
Dan Fernbach, Legislative Council  
Joanne Ricca, Wisconsin State AFL-CIO  
Dennis Boyer, AFSCME Council 11  
Robert Kraig, SEIU  
Sheri Krause, Wisconsin Assn. of School Boards  
Jennifer Kammerud, School Administrators Alliance

JUN 26 2000

Tommy G. Thompson  
Governor  
Linda Stewart  
Secretary



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**State of Wisconsin**  
**Department of Workforce Development**

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June 23, 2000

President of the Senate  
220 South, State Capitol  
Madison, Wisconsin 53702

Speaker of the Assembly  
211 West, State Capitol  
Madison, Wisconsin 53702

**Notice of Administrative Rules in Final Draft Form**

Clearinghouse rule number: 00-046

Rule number: DWD 270.085 and 272.085

Relating to: Student worklike activities that do not constitute employment

Dear Senator Risser and Representative Jensen:

I have enclosed proposed rules in final draft form and a rule report as required by s. 227.19(3), Stats., for referral to the appropriate legislative standing committees. If you have any questions regarding this matter, please do not hesitate to contact us.

Respectfully submitted,

Linda Stewart, Ph.D.  
Secretary

**Tommy G. Thompson**  
Governor

**Linda Stewart**  
Secretary



**State of Wisconsin**

**Department of Workforce Development**

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**Rule Analysis for Legislative Review**

**Proposed rules relating to student worklike activities that do not constitute employment**

**DWD 270.085 and DWD 272.085  
(CR 00-046)**

**Need for rules**

The state's administrative rules on child labor currently do not contain specific provisions on the status of students who perform services such as helping in the lunchroom or cafeteria or performing minor clerical work in the school office or library. The field operations handbook of the Wage and Hour Division of the U.S. Department of Labor provides that student activities of this type should not be treated as employment under the wage and hour laws as long as certain conditions are met. This rule adopts a policy similar to the federal standards.

**Public hearing response**

A summary of comments received and the department's response is attached.

**Response to Legislative Council staff recommendations**

All recommendations of the Legislative Council were accepted.

**Final regulatory flexibility analysis**

A final regulatory flexibility analysis is not required because the rule will not have a significant economic impact on a substantial number of small businesses.

**Department contacts**

Robert Anderson  
Labor Standards Bureau Director  
Equal Rights Division  
266-3345

Elaine Pridgen  
Administrative Rules Coordinator  
Office of Legal Counsel  
267-9403

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

**Student Worklike Activities That Do Not Constitute Employment  
DWD 270.085 and 272.085**

The Wisconsin Department of Workforce Development proposes an order to repeal and recreate s. DWD 272.085 and to create s. DWD 270.085 relating to student worklike activities that do not constitute employment.

---

**Analysis Prepared by the Department of Workforce Development**

**Statutory authority:** Secs. 103.66 and 104.04, Stats.

**Statutes interpreted:** Sec. 103.66 and 104.04, Stats.

The state's administrative rules on child labor currently do not contain specific provisions on the status of students who perform services such as helping in the lunchroom or cafeteria or performing minor clerical work in the school office or library. The field operations handbook of the Wage and Hour Division of the U.S. Department of Labor provides that student activities of this type should not be treated as employment under the wage and hour laws as long as certain conditions are met. This rule adopts a policy similar to the federal standards.

The proposed rule allows a student to help in the school lunchroom, clean a classroom, act as a hall monitor, or perform minor clerical work in the school office or library for periods of one hour per day or less. Other student worklike activities are not sufficient to constitute employment if they have an educational benefit for the student and do not add more than one hour to the school day. Students performing worklike activities in schools must be supervised by an adult and these activities may not displace a regular employe. Student worklike activities that meet these criteria are not subject to the minimum wage requirements.

**SECTION 1. DWD 270.085 is created to read:**

**DWD 270.085 Student worklike activities. (1) SPECIFIC ALLOWABLE ACTIVITIES.** A student may perform worklike activities in his or her own elementary or secondary school, with or without compensation, which shall not constitute employment if all of the following conditions are met:

(a) The student helps in the school lunchroom or cafeteria, cleans a classroom, acts as a hall monitor, or performs minor clerical work in the school office or library.

(b) The student performs the activities in par. (a) for periods of an hour per day or less on days school is in session or for longer time periods on days that school is not in session so that the annual total time spent on the activities listed in par. (a) is no more than the equivalent of one hour per school day.

(c) The student is supervised by an adult.

(d) The student does not displace a regular employe or reduce previously existing employment opportunities by performing work that would otherwise be performed by regular employes.

**(2) CONDITIONS FOR OTHER STUDENT WORKLIKE ACTIVITIES.** A student may perform worklike activities, other than those listed in sub. (1) (a), in his or her own elementary or secondary school, with or without compensation, which shall not constitute employment if all of the following conditions are met:

(a) The activity is basically educational and is conducted primarily for the benefit of the student.

(b) The time in attendance at school plus the time spent at the activity does not exceed the time that the student would be required to attend school under a normal academic schedule by more than one hour per day.

(c) The student is supervised by an adult.

(d) The student does not displace a regular employe or reduce previously existing employment opportunities by performing work that would otherwise be performed by regular employes.

**SECTION 2. DWD 272.085 is repealed and recreated to read:**

**DWD 272.085 Student worklike activities and employment. (1) INDEPENDENT COLLEGES AND UNIVERSITIES.** (a) Independent colleges and universities may employ full-time students who are 18 years of age and over for 20 hours per week or less at the federal minimum wage rates established under 29 USC 206.

(b) Students who work at independent colleges or universities for over 20 hours per week shall be paid at the rates established under s. DWD 272.03.

**(2) ELEMENTARY AND SECONDARY SCHOOLS.** Student worklike activities that meet the criteria of s. DWD 270.085 are not covered by the minimum wage provisions of this chapter.

**EFFECTIVE DATE.** This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register as provided in s. 227.22(2)(intro.), Stats.

## Summary of Public Hearing

### Proposed rules relating to student worklike activities that do not constitute employment

DWD 270.085 and DWD 272.085  
(CR 00-046)

A public hearing was held in Madison on March 30, 2000. The hearing record was left open until April 7 for receipt of written comments.

#### Comments were received from:

1. Faye J. Stark, Assistant State Superintendent (speaking on behalf of the Superintendent)  
Department of Public Instruction  
Madison
2. Phil Neuenfeldt, Secretary-Treasurer  
Wisconsin State AFL-CIO  
Milwaukee
3. Robert Kraig, Political Director  
Service Employees International Union (SEIU) Wisconsin State Council  
Milwaukee

Copies of all three comments are attached.

Summary of comments	Department response
<p>1. Faye Stark DPI</p> <p>The state superintendent strongly supports this rule. Necessary to give teachers and school staff discretion. Promotes students' responsibility, respect for work, self-esteem, contributions to others' welfare, and citizenship.</p>	
<p>2. Phil Neuenfeldt AFL-CIO</p> <p>Add to DWD 270.085(1) the same language related to displacement that appears in (2)(c).</p>	<p>Department agrees.</p>

Summary of comments	Department response
<p><b>3. Robert Kraig SEIU</b></p> <p>a. Employe displacement is likely to occur notwithstanding the rule prohibition.</p>	<p>A student is generally limited to participating in these activities for no more than one hour per day. The turnover of students performing these activities for less than one hour at a time makes it unlikely that students will accomplish a significant amount of necessary work.</p>
<p>b. The term “basically educational” is vague and over broad.</p>	<p>No change. The department respects the professional judgment of teachers and school staff in determining what activities support educational goals for their students. Potential violations will be reviewed on a case-by-case basis.</p>
<p>c. Students could get hurt and not be eligible for workers compensation.</p>	<p>This rule is promulgated by the Equal Rights Division and exempts certain student activities from restrictions under child labor laws and minimum wage requirements. The effect of this provision on a determination by the workers compensation program is unknown. If a student is injured and is not covered by workers compensation, the student’s injury will likely be covered by a school’s liability insurance.</p>
<p>d. The rule should specify that student worklike activity should be supervised by full-time school employes.</p>	<p>The rule is changed to require supervision by adults.</p>

TESTIMONY ON RULE—DEPARTMENT OF WORKFORCE  
DEVELOPMENT

MARCH 30, 2000

Good morning. My name is Faye Stark. I am an Assistant State Superintendent for the Division for Finance and Management in the Department of Public Instruction and am here to testify on behalf of the State Superintendent on the rule affecting student worklike activities that do not constitute employment.

The state superintendent strongly supports the promulgation of this rule.

We believe this rule is necessary to clearly permit teachers and other school staff discretion in requiring “worklike activities” as part of the instructional program. Such activities can provide a lesson in responsibility and can instill respect for work and for contributions to others’ welfare by students. We believe many students and their parents welcome the opportunity to engage in worklike activities during the school day. Participation in worklike activities can be a valuable learning experience and enhance self-esteem or self-confidence for many students.

Worklike activities can be an important part of a school district’s efforts to promote “citizenship,” as part of the school district’s mission by promoting student involvement in helping the larger community.

The following quotes from a very well received “Citizenship Tool Kit” developed by department staff to encourage “citizenship” programs in all our schools:

To help students become caring, contributing, productive, and responsible citizens, the entire school program must reflect a clear commitment to helping students acquire the skills, attitudes, values and knowledge to achieve the ideal .....A renewed emphasis on the attitudes and commitments required to practice and live the core citizenship values is needed in all of our school curriculums and programs.”

Why does citizenship belong in the school? Again, I will quote from our "Took Kit":

"To help students become caring, contributing, productive and responsible citizens, school activities should be planned .... to provide numerous occasions for the practice of citizenship by students in both classroom and school-wide activities. Students can improve their citizenship by helping others in well-planned tutorial activities, serving as teachers' aides, acting as playground monitors for younger children, helping keep their school and classroom clean, observing school rules.... And, as in a well-conceived academic program, adults must encourage students to strive for excellence in displaying character with as much elaboration and enthusiasm as they might apply to academic success...

The state superintendent has made "citizenship" a major initiative in his administration.

We believe the rule will ensure that teachers and other school staff are not prohibited from requiring activities that can clearly enhance the goals of citizenship. We thank the Department of Workforce Development for forwarding this rule and for providing us an opportunity to testify in support of it.

# Wisconsin State AFL-CIO

CHARTERED 1958

6333 W. BLUEMOUND RD., MILWAUKEE, WISCONSIN 53213    PHONE (414) 771-0700    FAX (414) 771-1715

David Newby, President • Sara J. Rogers, Exec. Vice President • Phillip L. Neuenfeldt, Secretary-Treasurer

April 4, 2000

Elaine Pridgen  
Office of Legal Counsel  
Department of Workforce Development  
P.O. Box 7946  
Madison, WI 53707-7946

Dear Ms. Pridgen:

**RE: Clearinghouse Rule 00-46  
Relating to Student "Worklike" Activities**

Unfortunately, we were unable to attend the March 30 hearing on the proposed rule but we do have a concern about the potential displacement of regular public employees. In order to ensure that student "worklike" activities are not used to displace actual workers, we request that the rule be amended in the following way:

- Add to DWD 270.085 (1) the same language related to displacement that appears in (2)(c).

We hope that the Department will make this modification to the proposed rule so that the work of regular employees will be properly protected.

Sincerely,



Phil Neuenfeldt  
Secretary-Treasurer

PN/JR

cc Dennis Boyer, AFSCME  
Robert Kraig, SEIU  
Ken Opin, WFT



April 7, 2000

Elaine Pridgen  
Office of Legal Counsel  
Department of Workforce Development  
P.O. Box 7946  
Madison, WI 53707-7946

Dear Ms. Pridgen:

RE: Clearinghouse Rule 00-46, (DWD 270.085)  
Student "Worklike" Activities

SERVICE EMPLOYEES  
INTERNATIONAL UNION  
AFL-CIO, CLC

I am sorry we were unable to attend the public hearing on this rule. We have four concerns about the rule.

WISCONSIN  
STATE COUNCIL

First, we are concerned that the student "worklike" activities permitted by the rule will ultimately displace regular work, notwithstanding section (2) (c). Unlike wage and hour laws, there is no easy way to quantify whether or not employment opportunities have indeed been displaced. Indeed, by definition if necessary work is done by students, the opportunity for regular employment has been reduced.

DAN IVERSON  
President

Second, we are also concerned that the term "basically educational" is both vague and over broad. In order to assure that the "worklike" activities are really of educational value, there should be clearer standards which include how the work contributes to educational goals, and how and when achievement will be measured.

KEN IVERSON  
Vice President

PEGGY J. THOMAS  
Treasurer

Third, we are concerned that this rule will have the unintended consequence of causing students to undertake occupational risks that are not taken by regular employees. Students will be permitted to work in potentially hazardous areas such as cafeterias, and yet because it is not regular employment they will not be eligible for workers compensation. As a result, a student could suffer a disabling injury and receive no compensation for the injury. Moreover, because many school age children are without any health insurance, they also may not receive sufficient medical treatment if they are injured while performing "worklike" activity in their schools. (In support of our contention that school work environments can be hazardous, attached is a partial list of injuries suffered by MPS workers in just the past two days).

ANN McCORMICK  
Secretary

EXECUTIVE BOARD

Mary Bennett

Laurel Franz

Jean Heberlein

Meredith Oehlkers

Louis Schneider

Dian Palmer

Fourth, we believe that the rule should specify that student "worklike" activity should be supervised by full-time school employees.

Sincerely,

Robert Kraig  
Political Director, SEIU Wisconsin State Council

8021 W. Tower Avenue  
Milwaukee, WI 53223-3215

414.357.8160

Fax: 414.357.8166

Local 150 (Statewide)



Local 21, School District  
of La Crosse

Local 180, La Crosse  
City Employees Union

Local 152, Racine  
Unified School District

Local 168, Kenosha  
Unified School District

Local 1199WI, United  
Professionals (Statewide)

RECEIVED MAR 29 2000

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

002340

150-061

DEPARTMENT REGULARLY WORKED IN <i>Sarah Scott</i>	EMPLOYEE HEALTH PLAN <i>Blue Cross</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INSURANCE # <i>Q4540</i>	HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>	
TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>Neck and Right side of back</i>		

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last) <i>Penny Denise Warren</i>		Social Security Number <i>324-60-0343</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. <i>(414) 535-1226</i>	
Employee Street Address <i>5436 North 56th Street</i>		City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53218</i>	Occupation <i>BSHI</i>
Birthdate Mo. <i>04</i> Day <i>04</i> Year <i>59</i>	Date of Hire <i>9-30-96</i>	County and State where accident or exposure occurred <i>Milwaukee, WI</i>			
Employer Name <i>City of Milwaukee</i>		WI Unemployment Insurance Account No. <i>69137</i>	Self-insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <i>Municipality</i>	
Employer Mailing Address <i>200 E. Wells Street, Rm. 701</i>		City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53202</i>	Employer FEIN: <i>396005532</i>
Name of Worker's Compensation Insurance Co. or Self-Insured Employer <i>City of Milwaukee</i>					Insurer FEIN: <i>396005532</i>
Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <i>N/A</i>					TPA FEIN: <i>N/A</i>
Wage at Time of Injury <i>\$ 9.89</i>	Specify per hr., wk., mo., yr., etc. <i>Per Hour</i>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. _____ No. of Days/wk. _____ Avg. Weekly Amt. \$ _____		
Is worker paid for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, after how many hours of work per week? _____					
Employee's Work Schedule when injured		Start Time <i>3:00 p.m.</i>	Hrs. Per Day <i>3</i>	Hrs. Per Wk. <i>40</i>	Days Per Wk. <i>5</i>
For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.					
Employee's Normal Full-time Schedule for Injured's Work		No. of Wks.	Gross Amount Excluding Tips	If Piece Work-No. of Hrs. excluding overtime	
Part-Time Employment Information:		Scheduled Hrs. Per Week	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of full-time employees doing the same type of work	
Injury Date Mo. <i>03</i> Day <i>14</i> Yr <i>00</i>		Time of Injury AM PM	Last Day Worked Mo. <i>03</i> Day <i>14</i> Yr <i>00</i>	Date Employer Notified Mo. Day Yr	<input type="checkbox"/> Date Returned to Work Mo Day Yr
Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was this a lost time or other compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, insurer does not submit report to DWD		Did injury occur because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules	
Date of Death Mo. Day Yr		Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death			
Name of Witnesses					
Name and Address of Treating Practitioner and Hospital					
Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury. <i>While vacuuming, the hose was caught in the chair which the chair fell and hit me in the back causing extreme pain to lower back, neck and shoulder area.</i>					
Report Prepared By		Work Phone No. ( )	Position	Date Signed	

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

RECEIVED MAR 29 2000

150-220

022293

DEPARTMENT REGULARLY WORKED IN <b>Hookins-SNS</b>	EMPLOYEE HEALTH PLAN <b>None-MPS</b>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <b>None</b>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <b>Fell on wet floor in lunchroom - no injury at this time</b>	HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last) <b>Jearline Black</b>	Social Security Number <b>413-68-0317</b>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Employee Home Telephone No. <b>(414) 442-6276</b>
Employee Street Address <b>3282 N 24th Place</b>	City <b>Milwaukee WI</b>	State <b>WI</b>	Zip Code <b>53206</b>
Birthdate Mo. <b>10</b> Day <b>3</b> Year <b>41</b>	Date of Hire <b>11-2-98</b>	County and State where accident or exposure occurred <b>Milwaukee, WI</b>	

Employer Name <b>City of Milwaukee</b>	WI Unemployment Insurance Account No. <b>69137</b>	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <b>Municipality</b>
Employer Mailing Address <b>200 E. Wells Street, Rm. 701</b>	City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53202</b>
Employer FEIN: <b>396005532</b>	Name of Worker's Compensation Insurance Co. or Self-Insured Employer <b>City of Milwaukee</b>		
Insurer FEIN: <b>396005532</b>	Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <b>N/A</b>		
TPA FEIN: <b>N/A</b>			

Wage at Time of Injury \$ <b>8.72</b>	Specify per hr., wk., mo., yr., etc. <input checked="" type="checkbox"/>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. _____ No. of Days/wk. _____ Avg. Weekly Amt. \$ _____
Is worker paid for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, after how many hours of work per week? _____			

Employee's Work Schedule when injured	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.
		<b>3</b>	<b>15</b>	<b>5</b>	
Employee's Normal Full-time Schedule for Injured's Work	No. of Wks.	Gross Amount Excluding Tips	If Piece Work-No. of Hrs. excluding overtime		
	<b>3</b>	<b>15</b>	<b>5</b>		

Part-Time Employment Information:	Scheduled Hrs. Per Week	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of full-time employees doing the same type of work
		If yes, how many? _____	

Injury Date Mo. <b>03</b> Day <b>21</b> Yr <b>00</b>	Time of Injury <b>AM 12 PM</b>	Last Day Worked Mo. <b>03</b> Day <b>21</b> Yr <b>00</b>	Date Employer Notified Mo. <b>03</b> Day <b>21</b> Yr <b>00</b>	<input type="checkbox"/> Date Returned to Work Mo. Day Yr	<input type="checkbox"/> Estimated Date of Return Mo. Day Yr
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this a lost time or other compensable injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, insurer does not submit report to DWD		Did injury occur because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules		
Date of Death Mo. Day Yr	Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death				

Name of Witnesses  
**Kitchen staff - all Sharon Bell - Mary Haynes - Lorine Bays Sandra Daniels - Ellene Leach -**

Name and Address of Treating Practitioner and Hospital  
**None at this time**

Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.  
**Walking in lunchroom and slipped and fell on wet floor. NO injury reported at this time**

Report Prepared By <b>Victoria Badzinski</b>	Work Phone No. <b>(414) 263-0664</b>	Position <b>FSM</b>	Date Signed <b>03-21-00</b>
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SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

016613

DEPARTMENT REGULARLY WORKED IN <i>KLUGE CAFE</i>	EMPLOYEE HEALTH PLAN <i>PRIME CARE</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <i>64488</i>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>RIGHT &amp; LEFT HAND - CARPAL TUNNEL</i>	
HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>		

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last) <i>Shirley ANN ROBERSON</i>	Social Security Number <i>396-42-6533</i>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Employee Home Telephone No. <i>(414) 461-0889</i>
Employee Street Address <i>6900 W. CARMEN AVE.</i>	City <i>MILW.</i>	State <i>WI.</i>	Zip Code <i>53218</i>
Occupation <i>Food Service Asst.</i>	County and State where accident or exposure occurred <i>MILWAUKEE, WI.</i>		

Employer Name <i>City of Milwaukee</i>	WI Unemployment Insurance Account No. <i>69137</i>	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <i>Municipality</i>
Employer Mailing Address <i>200 E. Wells Street, Rm. 701</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53202</i>
Employer FEIN: <i>396005532</i>	Name of Worker's Compensation Insurance Co. or Self-Insured Employer <i>City of Milwaukee</i>		
Insurer FEIN: <i>396005532</i>	Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <i>N/A</i>		
TPA FEIN: <i>N/A</i>			

Wage at Time of Injury <i>\$ 9.27</i>	Specify per hr., wk., mo., yr., etc. <i>Per hr.</i>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. No. of Days/wk. Avg. Weekly Amt. \$
Is worker paid for overtime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, after how many hours of work per week?			

Employee's Work Schedule when injured <i>7:15 AM 5 HRS 25 HRS 5 DAYS</i>	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.		
Employee's Normal Full-time Schedule for Injured's Work <i>7:15 AM 5 HR 25 hrs 5 days</i>	No. of Wks.	Gross Amount Excluding Tips	If Piece Work-No. of Hrs. excluding overtime

Part-Time Employment Information:	Scheduled Hrs. Per Week	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of full-time employees doing the same type of work
If yes, how many?			

Injury Date <i>05/21/99</i>	Time of Injury <i>N/A</i>	Last Day Worked <i>4/20/2000</i>	Date Employer Notified <i>1/99</i>	<input type="checkbox"/> Date Returned to Work	Mo Day Yr
				<input checked="" type="checkbox"/> Estimated Date of Return	<i>NOT AVAILABLE</i>
				<input type="checkbox"/> No Lost Time	

Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this a lost time or other compensable injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, insurer does not submit report to DWD	Did injury occur because of: <input type="checkbox"/> Substance Abuse <i>NO</i>	Failure to Use Safety Devices <input type="checkbox"/>	Failure to Obey Rules <input type="checkbox"/>
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Date of Death Mo Day Yr	Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death
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Name of Witnesses
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Name and Address of Treating Practitioner and Hospital <i>DR. ERIC GOENSLER MILW. MEDICAL</i>	<i>3003 W. Good Hope Rd.</i>
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Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

*Carpal Tunnel Syndrome - Both left + right hands. Surgery on Right Hand will be 5/1/2000 Surgery on Left Hand will be 5/1/2000*

Report Prepared By <i>Shirley Roberson</i>	Work Phone No. <i>414 535-1473</i>	Position <i>Food Service Asst.</i>	Date Signed
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SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

0119 RECEIVED MAR 29 2000

DEPARTMENT REGULARLY WORKED IN <b>HAMILTON'SNS</b>	EMPLOYEE HEALTH PLAN <b>None</b>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <b>66450</b>	HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>	
TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <b>LEFT KNEE - STRAINED</b>		

Personal Information you provide may be used for secondary purposes (Privacy Law, §. 15.04(1)(m)). See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last) <b>SARAH JANE KICKHAVER</b>	Social Security Number <b>392-92-2072</b>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Employee Home Telephone No. <b>(414) 329-7730</b>
Employer Street Address <b>7730 W. EDEN PLACE</b>	City <b>MILWAUKEE WI</b>	State <b>WI</b>	Zip Code <b>53220</b>
Birthdate Mo. <b>3</b> Day <b>28</b> Year <b>66</b>	Date of Hire <b>3/24/96</b>	County and State where accident or exposure occurred <b>MILWAUKEE, WI</b>	

Employer Name <b>City of Milwaukee</b>	WI Unemployment Insurance Account No. <b>69137</b>	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <b>Municipality</b>
Employer Mailing Address <b>200 E. Wells Street, Rm. 701</b>	City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53202</b>
Name of Worker's Compensation Insurance Co. or Self-Insured Employer <b>City of Milwaukee</b>	Insurer FEIN: <b>396005532</b>	Employer FEIN: <b>396005532</b>	
Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <b>N/A</b>	TPA FEIN: <b>N/A</b>		

Wage at Time of Injury \$ <b>9.33</b>	Specify per hr., wk., mo., yr., etc. <b>hr</b>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. _____ No. of Days/wk. _____ Avg. Weekly Amt. \$ _____
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Is worker paid for overtime?  Yes  No If yes, after how many hours of work per week? \_\_\_\_\_

Employee's Work Schedule when injured	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.
		<b>36</b>	<b>30</b>	<b>5</b>	
Employee's Normal Full-time Schedule for Injured's Work		<b>3</b>	<b>15</b>	<b>5</b>	No. of Wks. _____ Gross Amount Excluding Tips \$ _____ If Piece Work-No. of Hrs. excluding overtime _____

Part-Time Employment Information:	Scheduled Hrs. Per Week _____	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	Number of full-time employees doing the same type of work _____
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Injury Date Mo <b>03</b> Day <b>21</b> Yr <b>00</b>	Time of Injury <b>7:30</b> AM _____ PM _____	Last Day Worked Mo <b>03</b> Day <b>22</b> Yr <b>00</b>	Date Employer Notified Mo <b>03</b> Day <b>22</b> Yr <b>00</b>	<input type="checkbox"/> Date Returned to Work _____ Mo _____ Day _____ Yr _____ <input type="checkbox"/> Estimated Date of Return _____ <input type="checkbox"/> No Lost Time.
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Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this a lost time or other compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, insurer does not submit report to DWD	Did injury occur because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Safety Device <input type="checkbox"/> Failure to Obey Rules
Date of Death Mo _____ Day _____ Yr _____	Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death	

Name of Witnesses \_\_\_\_\_

Name and Address of Treating Practitioner and Hospital \_\_\_\_\_

Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

**LEFT FOOT REMAINED STATIONARY, AND KNEE (LEFT) TWISTED.**

Report Prepared By <b>Mary Sherwood</b>	Work Phone No. <b>(414) 327-9318</b>	Position <b>FSM</b>	Date Signed <b>3-22-00</b>
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SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

RECEIVED MAR 29 2000  
004304

DEPARTMENT REGULARLY WORKED IN <i>Longfellow SWS</i>	EMPLOYEE HEALTH PLAN <i>PrimeCare</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <i>47282</i>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>Hurt my right wrist/arm</i>	
HOW IS EMPLOYEE BEING PAID? INJURY <input type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>		

Personal Information you provide may be used for secondary purposes. (Privacy Law, s. 15.04(1)(m)). See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last) <i>KAREN Jean Johnson</i>	Social Security Number <i>387-44-1404</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. <i>(414) 645-1947</i>
Employer Street Address <i>255 S State Ave</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53215</i>
Birthdate Mo: <i>10</i> Day: <i>7</i> Year: <i>44</i>	Date of Hire <i>12-08-72</i>	County and State where accident or exposure occurred. <i>Nuland Wisconsin</i>	

Employer Name <b>City of Milwaukee</b>	WI Unemployment Insurance Account No. <b>69137</b>	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <b>Municipality</b>
Employer Mailing Address <b>200 E. Wells Street, Rm. 701</b>	City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53202</b>
Employer FEIN: <b>396005532</b>	Name of Worker's Compensation Insurance Co. or Self-Insured Employer <b>City of Milwaukee</b>	Insurer FEIN: <b>396005532</b>	
Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <b>N/A</b>	TPA FEIN: <b>N/A</b>		

Wage at Time of Injury \$ <i>9.99</i>	Specify per hr., wk., mo., yr., etc. <i>hr</i>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. _____ No. of Days/wk. _____ Avg. Weekly Amt. \$ _____
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is worker paid for overtime?  Yes  No If yes, after how many hours of work per week? \_\_\_\_\_

Employee's Work Schedule when injured	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.
	<i>9:15</i>	<i>4 1/2</i>	<i>22 1/2</i>	<i>5 1/2</i>	
Employee's Normal Full-time Schedule for Injured's Work		<i>"</i>	<i>"</i>	<i>"</i>	No. of Wks. _____ Gross Amount Excluding Tips \$ _____ If Piece Work-No. of Hrs. excluding overtime _____

Part-Time Employment Information:	Scheduled Hrs. Per Week	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of full-time employees doing the same type of work
		If yes, how many? _____	

Injury Date Mo: <i>3</i> Day: <i>20</i> Yr: <i>00</i>	Time of Injury <i>AM 1:15 PM</i>	Last Day Worked Mo: _____ Day: _____ Yr: _____	Date Employer Notified Mo: <i>3</i> Day: <i>20</i> Yr: <i>00</i>	<input type="checkbox"/> Date Returned to Work <input type="checkbox"/> Estimated Date of Return <input checked="" type="checkbox"/> No Lost Time
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Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this a lost time or other compensable injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, insurer does not submit report to DWD	Did injury occur because of: <input type="checkbox"/> Substance Abuse	Failure to Use <input type="checkbox"/> Safety Device	Failure to Obey Rules <input type="checkbox"/>
Date of Death Mo: _____ Day: _____ Yr: _____	Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death			

Name of Witnesses  
*Gloria Kobes*

Name and Address of Treating Practitioner and Hospital

Injury Description - What happened to cause this injury or illness? Describe the employe's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved: Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

*I hit my wrist on the dish rack, & pain shot up my arm.*

Report Prepared By <i>Karen Johnson</i>	Work Phone No. <i>(414) 645-1947</i>	Position <i>Food Service Assist</i>	Date Signed <i>3/20/00</i>
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SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT.

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

RECEIVED MAR 29 2000

021429

150-089

DEPARTMENT REGULARLY WORKED IN <i>Brown</i>	EMPLOYEE HEALTH PLAN <i>PrimerCare FACILITIES</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <i>61964</i>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>FINANCE SERVICES 39TH ST</i>	IS THIS EMPLOYEE BEING PAID? INJURY <input checked="" type="checkbox"/> SICK <input type="checkbox"/> NO-PAY <input type="checkbox"/>

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. See instructions for completing this form on reverse side.

EMPLOYEE INFORMATION	Employee Name (First, Middle, Last) <i>Roudell Starks</i>	Social Security Number <i>399-043499</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. <i>(414) 466-0090/463-3263</i>
	Employee Street Address <i>4431 N 35th WILSON HILLS</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53209</i>
	Birthdate Mo. Day Year <i>04 06 60</i>	Date of Hire <i>JUNE-94</i>	County and State where accident or exposure occurred <i>Milw. WI. Brown Street School</i>	
	Employer Name <i>City of Milwaukee</i>	WI Unemployment Insurance Account No. <i>69137</i>	Self-insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) <i>Municipality</i>
	Employer Mailing Address <i>200 E. Wells Street, Rm. 701</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53202</i>
	Name of Worker's Compensation Insurance Co. or Self-Insured Employer <i>City of Milwaukee</i>	Insurer FEIN: <i>396005532</i>		Employer FEIN: <i>396005532</i>
	Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer. <i>N/A</i>	TPA FEIN: <i>N/A</i>		
	Wage at Time of Injury <i>\$10.5</i>	Specify per hr., wk., mo., yr., etc. <i>Per Hour</i>	In Addition to Wages, Check Box(es) if Employee Received: <input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. _____ No. of Days/wk. _____ Avg. Weekly Amt. \$ _____
	Is worker paid for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, after how many hours of work per week?			
	Employee's Work Schedule when injured	Start Time <i>12:30</i>	Hrs. Per Day <i>8hrs</i>	Hrs. Per Wk. <i>40hrs</i>
Employee's Normal Full-time Schedule for Injured's Work	Start Time <i>12:30</i>	Hrs. Per Day <i>8hrs</i>	Hrs. Per Wk. <i>40hrs</i>	
Part-Time Employment Information:	Scheduled Hrs. Per Week	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of full-time employees doing the same type of work	
Injury Date Mo Day Yr <i>3 21 00</i>	Time of Injury <i>AM 12:49 PM</i>	Last Day Worked Mo Day Yr <i>3 21 00</i>	Date Employer Notified Mo Day Yr <i>3 21 00</i>	
Did injury cause death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was this a lost time or other compensable injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, insurer does not submit report to DWD	Did injury occur because of: <input type="checkbox"/> Substance Abuse	Failure to Use <input type="checkbox"/> Safety Devices	
Date of Death Mo Day Yr	Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death			
Name of Witnesses <i>John J. NetZler - Sub Engineer</i>				
Name and Address of Treating Practitioner and Hospital <i>John Rosebush MD St Michaels ED</i>				
Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury. <i>was putting bench back into wall and that's when it came falling on to my right side which it hit my elbow + Rib or hip</i>				
Report Prepared By <i>Roudell Starks</i>	Work Phone No. <i>414 933-4011</i>	Position <i>B.S.H.I</i>	Date Signed <i>3-21-00</i>	

2000 MAR 23 AM 11:51  
MPS INS & RISK

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

RECEIVED MAR 29 2000

CITY OF MILWAUKEE  
FCRM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

015444

DEPARTMENT REGULARLY WORKED IN: Burrenoughs EMPLOYEE HEALTH PLAN: None - MPS IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY?  YES  NO

PENSION #: 65866 TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness): Little Finger on Right Hand - Cut and Bruised Finger  
HOW IS EMPLOYEE BEING PAID? INJURY  SICK  NO-PAY

Personal Information you provide may be used for secondary purposes (Privacy Law, s. 15.04(1)(m)). See instructions for completing this form on reverse side.

Employee Name (First, Middle, Last): Sally A. Galdins Social Security Number: 395-50-1029 Sex:  M  F Employee Home Telephone No.: (414) 353-7971

Employer Name: City of Milwaukee WI Unemployment Insurance Account No.: 69137 Self-Insured?:  Yes  No Nature of Business (specific product): Municipality

Employer Street Address: 4706 West Mill Road City: Milwaukee State: WI Zip Code: 53218 Occupation: Food Server ZSA

Birthdate: Mo. 10 Day 30 Year 1946 Date of Hire: 8/31/95 County and State where accident or exposure occurred: Milwaukee, Wisconsin

Employer Mailing Address: 200 E. Wells Street, Rm. 701 City: Milwaukee State: WI Zip Code: 53202 Employer FEIN: 396005532

Name of Worker's Compensation Insurance Co. or Self-Insured Employer: City of Milwaukee Insurer FEIN: 396005532

Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer: N/A TPA FEIN: N/A

Wage at Time of Injury: \$ 9.30 Specify per hr., wk., mo., yr., etc.: Hourly In Addition to Wages, Check Box(es) if Employee Received:  Meals  Room  Tips

No. of Meals/wk. \_\_\_\_\_ No. of Days/wk. \_\_\_\_\_ Avg. Weekly Amt. \$ \_\_\_\_\_

Is worker paid for overtime?  Yes  No If yes, after how many hours of work per week? \_\_\_\_\_

Employee's Work Schedule when injured	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.		
	<u>7:30 am</u>	<u>4.5</u>	<u>22.5</u>	<u>5</u>	No. of Wks.	Gross Amount Excluding Tips	If Piece Work-No. of Hrs. excluding overtime
Employee's Normal Full-time Schedule for Injured's Work	<u>7:30 am</u>	<u>4.5</u>	<u>22.5</u>	<u>5</u>		\$ _____	

Part-Time Employment Information: Scheduled Hrs. Per Week: \_\_\_\_\_ Are there other part-time workers doing the same work with the same schedule?  Yes  No If yes, how many? \_\_\_\_\_ Number of full-time employees doing the same type of work: \_\_\_\_\_

Injury Date: Mo. 03 Day 03 Yr. 2000 Time of Injury: AM 12 PM Last Day Worked: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ Date Employer Notified: Mo. 03 Day 03 Yr 2000

Date Returned to Work Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_  Estimated Date of Return \_\_\_\_\_  No Lost Time

Did injury cause death?  Yes  No Was this a lost time or other compensable injury?  Yes  No If no, insurer does not submit report to DWD

Did injury occur because of:  Substance Abuse  Failure to Use Safety Devices  Failure to Obey Rules

Date of Death: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_ Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death: \_\_\_\_\_

Name of Witnesses: \_\_\_\_\_

Name and Address of Treating Practitioner and Hospital: \_\_\_\_\_

Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

I was bringing a food cart down the ramp. I smashed my right little finger between the cart and the wall.

Report Prepared By: Sally Galdins Work Phone No.: (414) 353-3220 Position: Food Service Worker Date Signed: 3-20-00

MPS INS & RISK  
2000 MAR 21 A 11:54

WKC-12 (R. 2/98)

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE  
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE  
UNDER WORKER'S COMPENSATION ACT

RECEIVED MAR 29 2000  
025387

DEPARTMENT REGULARLY WORKED IN: ENGINEER EMPLOYEE HEALTH PLAN: None - NAPS IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY?  YES  NO

PENSION #: 67694 TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness): Chemical burn to eyes.

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. See instructions for completing this form on reverse side.

EMPLOYEE INFORMATION

Employee Name (First, Middle, Last): Edward G. Bonkoski Social Security Number: 393-54-7799 Sex:  M  F

Employer Street Address: 2704 N. Hockett City: Milwaukee State: WI Zip Code: 53211 Occupation: OSH I

Birthdate: 1/11/50 Date of Hire: 10-4-99 County and State where accident or exposure occurred: Milwaukee, WI

EMPLOYER INFORMATION

Employer Name: City of Milwaukee WI Unemployment Insurance Account No.: 69137 Self-Insured?  Yes  No Nature of Business (specific product): Municipality

Employer Mailing Address: 200 E. Wells Street, Rm. 701 City: Milwaukee State: WI Zip Code: 53202 Employer FEIN: 396005532

Name of Worker's Compensation Insurance Co. or Self-Insured Employer: City of Milwaukee Insurer FEIN: 396005532

Name and Address of Third Party Administrator (TPA) used by the Insurance Company or Self-Insured Employer: N/A TPA FEIN: N/A

WAGE INFORMATION

Wage at Time of Injury: \$ 8.67 Specify per hr., wk., mo., yr., etc.: hr.

In Addition to Wages, Check Box(es) if Employee Received:  Meals  Room  Tips

No. of Meals/wk. \_\_\_\_\_ No. of Days/wk. \_\_\_\_\_ Avg. Weekly Amt. \$ \_\_\_\_\_

Is worker paid for overtime?  Yes  No If yes, after how many hours of work per week? \_\_\_\_\_

Employee's Work Schedule when injured	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	For the 52 week period prior to the date the injury occurred, report below the number of weeks worked in the same kind of work, and the total wages, salary, commission and bonus or premium earned for such weeks.
	<u>2:30</u>	<u>3</u>	<u>40</u>	<u>5</u>	
Employee's Normal Full-time Schedule for Injured's Work	No. of Wks.	Gross Amount Excluding Tips	If Piece Work-No. of Hrs. excluding overtime		
	<u>52</u>	<u>\$</u>			

Part-Time Employment Information: Scheduled Hrs. Per Week: 40 Are there other part-time workers doing the same work with the same schedule?  Yes  No Number of full-time employees doing the same type of work: \_\_\_\_\_

Injury Date: 2/22/00 Time of Injury: AM Last Day Worked: 2/22/00 Date Employer Notified: 2/22/00

Date Returned to Work  Estimated Date of Return  No Lost Time

Did injury cause death?  Yes  No

Was this a lost time or other compensable injury?  Yes  No If no, insurer does not submit report to DWD

Did injury occur because of:  Substance Abuse  Failure to Use Safety Devices  Failure to Obey Rules

Date of Death: \_\_\_\_\_ Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death: \_\_\_\_\_

Name of Witnesses: Arvyn Lewis, Super John Beard, Darwin Hawkins.

Name and Address of Treating Practitioner and Hospital: \_\_\_\_\_

Injury Description - What happened to cause this injury or illness? Describe the employee's activities when the injury or illness occurred with details of how the event or exposure occurred. Include name(s) of other individuals involved. Specify tools, machinery, objects, chemicals, etc. that were involved in or caused the injury.

Splosion back of chemical known as ZEP  
I was pouring the stripper in a bent over position on the floor in corner of a door set  
back side of the ZEP stripper splashed back over my glasses into my eyes.

Report Prepared By: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Position: \_\_\_\_\_ Date Signed: \_\_\_\_\_

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

LRB or Bill No./Adm. Rule No.  
DWD 270.085 and 272.085

Amendment No. if Applicable

FISCAL ESTIMATE  
DOA-2048 N(R03/97)

- ORIGINAL
- CORRECTED
- UPDATED
- SUPPLEMENTAL

Subject  
Student Worklike Activities That Do Not Constitute Employment

Fiscal Effect

State:  No State Fiscal Effect

Check columns below only if bill makes a direct appropriation  
or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb  
Within Agency's Budget  Yes  No

- Increase Existing Appropriation
- Decrease Existing Appropriation
- Create New Appropriation
- Increase Existing Revenues
- Decrease Existing Revenues

Decrease Costs

Local:  No local government costs

- 1.  Increase Costs
  - Permissive
  - Mandatory
- 2.  Decrease Costs
  - Permissive
  - Mandatory

- 3.  Increase Revenues
  - Permissive
  - Mandatory
- 4.  Decrease Revenues
  - Permissive
  - Mandatory

5. Types of Local Governmental Units Affected:
- Towns
  - Villages
  - Cities
  - Counties
  - Others \_\_\_\_\_
  - School Districts
  - WTCS Districts

Fund Sources Affected

- GPR
- FED
- PRO
- PRS
- SEG
- SEG-S

Affected Ch. 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate

The proposed rule promotes educational opportunities for youth by allowing worklike activities under conditions that are intended to benefit the student. Schools have not been able to offer these opportunities in the past without being subject to child labor prohibitions and minimum wage requirements.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)  
DWD/Bob Anderson 266-0026

Authorized Signature/Telephone No.

*David Bernstein* 266-9427

Date

3-1-2000

**FISCAL ESTIMATE WORKSHEET**

**1999 Session**

Detailed Estimate of Annual Fiscal Effect  
DOA-2047 (R10/94)

ORIGINAL     UPDATED  
 CORRECTED      
SUPPLEMENTAL

LRB or Bill No./Adm. Rule No. DWD 270.085 and 272.085	Amendment No.
--	---------------

Subject  
Student Worklike Activities That Do Not Constitute Employment

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**  
0

II. Annualized Costs:	Annualized Fiscal impact on State funds from:	
	Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>		
State Operations - Salaries and Fringes	\$0	\$0 -
(FTE Position Changes)	0 ( FTE)	(- FTE)
State Operations - Other Costs	0	0
Local Assistance	0	0
Aids to Individuals or Organizations	0	0
<b>TOTAL State Costs by Category</b>	<b>\$0</b>	<b>\$ -</b>
<b>B. State Costs by Source of Funds</b>	<b>Increased Costs</b>	<b>Decreased Costs</b>
GPR	\$0	\$0-
FED	0	0
PRO/PRS	0	0
SEG/SEG-S	0	0
<b>III. State Revenues -</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)	<b>Increased Rev.</b>	<b>Decreased Rev.</b>
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS		-
SEG/SEG-S		-
<b>TOTAL State Revenues</b>	<b>\$0</b>	<b>\$0-</b>

**NET ANNUALIZED FISCAL IMPACT**

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	\$0	\$0
NET CHANGE IN REVENUES	\$0	\$0

Agency/Prepared by: (Name & Phone No.)  
DWD/Bob Anderson 266-0026

Authorized Signature/Telephone No. <i>Robert J. Stein 266-9427</i>	Date 3-1-2000
---	------------------



State Senator  
**James R. Baumgart**

State Capitol: P. O. Box 7882, Madison, WI 53707-7882 • Telephone (608) 266-2056  
Toll-free: 1-888-295-8750 • E-Mail: sen.baumgart@legis.state.wi.us

July 25, 2000

Linda Stewart, Secretary  
Department of Workforce Development  
201 W. Washington Ave.  
Madison, WI 53702

Dear Secretary Stewart:

Pursuant to section 227.19(4)(b) 1. a. of the Wisconsin Statutes, the Senate Labor Committee hereby requests a meeting with the agency to review and discuss possible modifications to Clearinghouse Rule Senate 00-046, relating to Student worklike activities that do not constitute employment. The rule was referred to the Senate Labor Committee on June 28, 2000.

Specific concerns that need to be addressed at this meeting relate to Workers Compensation and therefore, I request that a staff person from the Worker's Compensation Division also attend this meeting.

This request for a meeting automatically extends the committee's review period for an additional thirty days.

Please contact my committee clerk, Anne Eskeitz, at your earliest convenience to discuss a date for a meeting.

Sincerely,

*Jim Baumgart*  
Jim Baumgart, Chair  
Senate Labor Committee

JB:a

Cc: JCRAR

Rep. Daniel Vrakas, Chair  
Assembly Labor & Employment Committee