

WISCONSIN LEGISLATIVE COUNCIL STAFF

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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."

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CLEARINGHOUSE REPORT TO AGENCY

[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

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

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

ORIGINAL UPDATED
 CORRECTED
SUPPLEMENTAL

1999 Session

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:

A. State Costs by Category

	Annualized Fiscal Impact on State funds from:	
	Increased Costs	Decreased Costs
State Operations - Salaries and Fringes	\$0	\$0 -
(FTE Position Changes)	0 (FTE)	0 (- FTE)
State Operations - Other Costs	0	0
Local Assistance	0	0
Aids to Individuals or Organizations	0	0
TOTAL State Costs by Category	\$0	\$ -

B. State Costs by Source of Funds

	Increased Costs	Decreased Costs
GPR	\$0	\$0-
FED	0	0
PRO/PRS	0	0
SEG/SEG-S	0	0

III. State Revenues -

Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)

	Increased Rev.	Decreased Rev.
GPR Taxes	\$	\$ -
GPR Earned		-
FED		-
PRO/PRS		-
SEG/SEG-S		-
TOTAL State Revenues	\$0	\$0-

NET ANNUALIZED FISCAL IMPACT

	STATE	LOCAL
NET CHANGE IN COSTS	\$0	\$0
NET CHANGE IN REVENUES	\$0	\$0

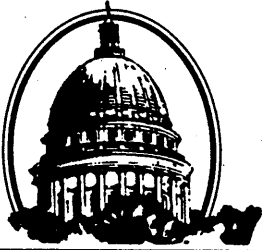
Agency/Prepared by: (Name & Phone No.)
DWD/Bob Anderson 266-0026

Authorized Signature/Telephone No.

Bob Anderson 266-9407

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

Tommy G. Thompson
Governor

Linda Stewart
Secretary



OFFICE OF THE SECRETARY

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State of Wisconsin
Department of Workforce Development

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 black ink that reads "Linda Stewart". The signature is written in a cursive, flowing style.

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

Eskeitz, Anne

From: Donoghue, Sheehan
Sent: Thursday, August 03, 2000 5:18 PM
To: Eskeitz, Anne; Markham, Kimberly; Anderson, Bob; Smith, Richard; Pridgen, Elaine
Cc: Zink, Sherwood
Subject: RE: CR 00-046 - Meeting called by Sen. Baumgart, Chair, Senate Labor Committee Meeting

Importance: High

It is my understanding that this is not a full hearing of the committee. Is that correct? If that is not correct and this is a hearing on the rule, I need to know that immediately. There are people who have indicated that they want to attend the hearing on the rule and they must be notified. Thank you

-----Original Message-----

From: Eskeitz, Anne
Sent: Thursday, August 03, 2000 3:26 PM
To: Markham, Kimberly; Anderson, Bob; Donoghue, Sheehan; Smith, Richard; Pridgen, Elaine
Subject: CR 00-046 - Meeting called by Sen. Baumgart, Chair, Senate Labor Committee Meeting

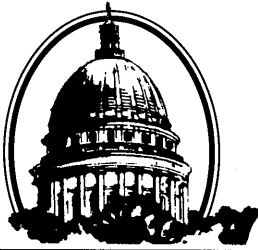
The meeting on the above rule is scheduled for Tuesday, August 8, at 9:30 AM. **It will be held in the 330 SW Hearing Room.**

Note to Kimberly Markham:

Jennifer Kammerud from the School Administrators is planning on attending as well as Sherry Krause from the School Boards Association

Any questions: Contact Anne Eskeitz, Committee Clerk 6-2056

Baumgart



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

August 2, 2000

MEMO

TO: Members of the Senate Labor Committee

Senator Russell Decker
Senator Roger Breske

Senator David Zien
Senator Margaret Farrow

FROM: Senator Jim Baumgart, Chair

RE: **Clearinghouse Rule Senate 00-046, relating to Student worklike activities that do not constitute employment (Workforce Development)**

A copy of the above rule was sent to you on July 3, 2000.

Several labor groups have expressed concerns with the rule. After discussing the rule with Dan Fernbach, Legislative Council Attorney for the Labor Committee, I requested a meeting with the agency. Enclosed is a copy of the letter to Workforce Development requesting the meeting.

The meeting is scheduled for **Tuesday, August 8, at 9:30 A.M.** A hearing room will be reserved as several union groups and other people have indicated they want to attend the meeting. A hearing room will be reserved and you will be notified of the room number. Please advise if you can attend this meeting.

330610

RE: **Clearinghouse Rule Senate 99-163, relating to a limited waiver of the work search requirement, ability to work and availability for work and various minor changes relating to unemployment insurance. (Workforce Development)**

A copy of this rule was sent to you on July 3, 2000. Dan Fernbach talked to the agency about a provision in this rule and the agency submitted, by letter, a germane modification to the rule. A copy of that letter is enclosed. No action was taken on the rule.

Tommy G. Thompson
Governor

Linda Stewart
Secretary



**OFFICE OF THE
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**State of Wisconsin
Department of Workforce Development**

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,

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

Linda Stewart, Ph.D.
Secretary

Tommy G. Thompson
Governor

Linda Stewart
Secretary



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State of Wisconsin

Department of Workforce Development

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 ^{directly} 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>3. Robert Kraig SEIU</p> <p>a. Employee 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 employees.</p>	<p>The rule is changed to require supervision by adults.</p>

limit # of students

OK

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workman
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modify*

*him
MUST be
covered*

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:

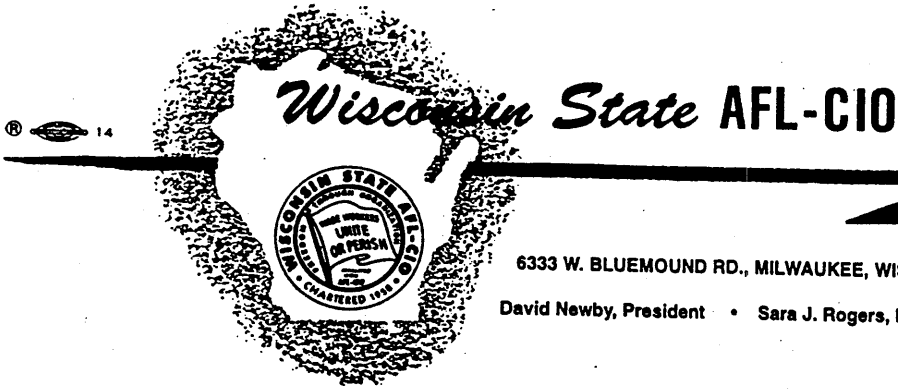
To help students become caring, contributing, productive, and responsible citizens, the entire school program must reflect a clear commitment to helping students acquire the skills, attitudes, values and knowledge to achieve the idealA renewed emphasis on the attitudes and commitments required to practice 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.



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



SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

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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

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

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.

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.

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).

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

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)

ITY OF MILWAUKEE
FORM EB-49-3/98

REPORT OF ACCIDENT TO EMPLOYEE UNDER WORKER'S COMPENSATION ACT

002340

DEPARTMENT REGULARLY WORKED IN: Sarah Scott EMPLOYEE HEALTH PLAN: Blue Cross

IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? YES NO

HOW IS EMPLOYEE BEING PAID? INJURY SICK NO-PAY

EMPLOYEE IDENTIFICATION # 04540 TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness): Neck and Right side of back

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): Penny Denise Warren Social Security Number: 324-60-0343 Sex: M F

Employee Home Telephone No.: (414) 535-1226

Employee Street Address: 5436 North 56th Street City: Milwaukee State: WI Zip Code: 53218 Occupation: BSHI

Birthdate: Mo. 04 Day 04 Year 59 Date of Hire: 9-30-96 County and State where accident or exposure occurred: Milwaukee, WI

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 at Time of Injury: \$ 9.89 Specify per hr., wk., mo., yr., etc.: Per Hour

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>3:00 p.m.</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
		\$ _____	

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 14 Yr. 00 Time of Injury: _____ AM _____ PM

Last Day Worked: Mo. 03 Day 14 Yr. 00 Date Employer Notified: Mo. _____ Day _____ Yr. _____

Date Returned to Work Mo. _____ Day _____ Yr. _____

Estimated Date of Return Mo. _____ Day _____ Yr. _____

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.

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.

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 Hookins-SNS	EMPLOYEE HEALTH PLAN Nolle-MPS	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # Nolle	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) Fell on wet floor in lunchroom - no injury at this time	HOW IS 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 Name (First, Middle, Last) Jearline Black	Social Security Number 413-68-0317	Sex <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F	Employee Home Telephone No. (414) 442-6276
Employee Street Address 3282 N 24th Place	City Milwaukee WI	State WI	Zip Code 53206
Birthdate Mo. Day Year 10 3 41	Date of Hire 11-2-98	County and State where accident or exposure occurred Milwaukee, WI	

Employer Name City of Milwaukee	WI Unemployment Insurance Account No. 69137	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) Municipality
Employer Mailing Address 200 E. Wells Street, Rm. 701	City Milwaukee	State WI	Zip Code 53202
Name of Worker's Compensation Insurance Co. or Self-Insured Employer City of Milwaukee	Insurer FEIN: 396005532		Employer 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 \$ 8.72	Specify per hr., wk., mo., yr., etc. ✓	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.
		3	15	5	
Employee's Normal Full-time Schedule for Injured's Work		3	15	5	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 Day Yr 03 21 00	Time of Injury AM 12 PM	Last Day Worked Mo Day Yr 03 21 00	Date Employer Notified Mo Day Yr 03 21 00	<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 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	Failure to Use <input type="checkbox"/> Safety Devices	Failure to Obey Rules <input type="checkbox"/> 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 Victoria Badzinski	Work Phone No. (914) 263-0664	Position FSM	Date Signed 03-21-00
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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: *KLUGE CAFE* EMPLOYEE HEALTH PLAN: *PRIME CARE* IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? YES NO

PENSION #: *04488* TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness): *RIGHT & LEFT HAND - CARPAL TUNNEL* 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): *Shirley ANN ROBERSON* Social Security Number: *396-42-6533* Sex: M F Employee Home Telephone No.: *(414) 461-0889*

Employer Street Address: *6900 W. CARMEN AVE.* City: *MILWAUKEE* State: *WI* Zip Code: *53218* Occupation: *Food Service Asst.*

Birthdate: *01/05/46* Date of Hire: *4-26-93* County and State where accident or exposure occurred: *MILWAUKEE, WI.*

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 at Time of Injury: *\$ 9.27* Specify per hr., wk., mo., yr., etc.: *Per 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.
	<i>7:15AM</i>	<i>5 HRS.</i>	<i>25 HRS</i>	<i>5 DAYS</i>	
Employee's Normal Full-time Schedule for Injured's Work	Start Time	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	No. of Wks. Gross Amount Excluding Tips If Piece Work-No. of Hrs. excluding overtime
	<i>7:15AM</i>	<i>5 HR</i>	<i>25 HRS</i>	<i>5 DAYS</i>	

Part-Time Employment Information: Scheduled Hrs. Per Week: _____ 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: *05/21/99* Time of Injury: *N/A* Last Day Worked: *4/30/2000* Date Employer Notified: *1/99* Date Returned to Work: *NOT AVAILABLE*

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 *NO* 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: _____

Name and Address of Treating Practitioner and Hospital: *DR. ERIC GOENSTEN MILWAUKEE MEDICAL 3003 W. POPE*

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 hand. Surgery on Right Hand will be 5/1/2000. Surgery on Left Hand will be 5/1/2000.

Report Prepared By: *Shirley Roberson* Work Phone No.: *414 535-1413* Position: *Food Service Asst.* Date Signed: _____

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

3003 W. POPE
MPS INS & RISK
MAR 28 2000

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

150-018

DEPARTMENT REGULARLY WORKED IN HAMILTON-SNS	EMPLOYEE HEALTH PLAN None	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # 66450	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) LEFT KNEE - STRAINED	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) SARAH JANE KICKHAVER	Social Security Number 392-92-207	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. (414) 329-7730
Employee Street Address 7730 W. EDEN PLACE	City MILWAUKEE WI	State WI	Zip Code 53220
Birthdate Mo. 3 Day 28 Year 66	Date of Hire 3/24/96	County and State where accident or exposure occurred MILWAUKEE, WI	

Employer Name City of Milwaukee	WI Unemployment Insurance Account No. 69137	Self-Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business (specific product) Municipality
Employer Mailing Address 200 E. Wells Street, Rm. 701	City Milwaukee	State WI	Zip Code 53202
Name of Worker's Compensation Insurance Co. or Self-Insured Employer City of Milwaukee	Insurer FEIN: 396005532	Employer 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 \$ 9.33	Specify per hr., wk., mo., yr., etc. hr	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.
Employee's Normal Full-time Schedule for Injured's Work					
		36	30	5	
		3	15	5	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. 03 Day 21 Yr 00	Time of Injury 7:30 AM	Last Day Worked Mo. 03 Day 22 Yr 00	Date Employer Notified Mo. 03 Day 22 Yr 00	<input type="checkbox"/> Date Returned to Work <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"/> Failure to Use 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 Mary Sherwood	Work Phone No. (414) 327-9318	Position FSM	Date Signed 3-22-00
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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

150-256

DEPARTMENT REGULARLY WORKED IN: *long fellow SWS* EMPLOYEE HEALTH PLAN: *PrimerCare*

IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? YES NO

HOW IS EMPLOYEE BEING PAID? INJURY SICK NO-PAY

PENSION #: *47282* TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness): *Hurt my right wrist/arm*

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): *KAREN Jean JOHNSON* Social Security Number: *387-44-404* Sex: F M

Employer Home Telephone No.: *(414) 645-1947*

Employee Street Address: *255 S Spauldine Ave* City: *Wauwatosa* State: *WI* Zip Code: *53215* Occupation: *Food Service Assistant*

Birthdate: *10/7/44* Date of Hire: *12-08-72* County and State where accident or exposure occurred: *Wauwatosa WI*

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 at Time of Injury: *\$ 9.99* Specify per hr., wk., mo., yr., etc.: *hr*

In Addition to Wages: 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.
	<i>9:15</i>	<i>4 1/2</i>	<i>22 1/2</i>	<i>2 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? Yes No

If yes, how many? _____ Number of full-time employees doing the same type of work: _____

Injury Date: *3/20/00* Time of Injury: *AM 1:15 PM* Last Day Worked: _____ Date Employer Notified: *3/20/00*

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 Device Failure to Obey Rules

Date of Death: _____ 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 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 hit my wrist on the dish rack, & pain shot up my arm.

Report Prepared By: *Karen Johnson* Work Phone No.: *(414) 645-1947* Position: *Food Service Assistant* Date Signed: *3/20/00*

MPS INS & RISK
2000 MAR 23 P 12:02

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

RECEIVED MAR 29 2000

021429

REPORT OF ACCIDENT TO EMPLOYEE
UNDER WORKER'S COMPENSATION ACT

150-089

DEPARTMENT REGULARLY WORKED IN <i>Brown</i>	EMPLOYEE HEALTH PLAN <i>Primerare</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>Facilities & Services 39th St</i>	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>Roudeell Starks</i>	Social Security Number <i>399-44-3449</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. <i>(414) 466-0090/463-3263</i>
Employer Street Address <i>4431 N 35th</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53209</i>
Birthdate <i>04/06/60</i>	Date of Hire <i>5/2/94</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 products) <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>	Employer FEIN: <i>396005532</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>\$10.50</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>8 hrs</i>	Hrs. Per Wk. <i>40 hrs</i>	Days Per Wk. <i>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	Start Time <i>12:30</i>	Hrs. Per Day <i>8 hrs</i>	Hrs. Per Wk. <i>40 hrs</i>	Days Per Wk. <i>5 days</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 <i>3/21/00</i>	Time of Injury <i>12:49 PM</i>	Last Day Worked <i>3/21/00</i>	Date Employer Notified <i>3/21/00</i>	<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"/> 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 <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>Roudeell Starks</i>	Work Phone No. <i>414 933-4011</i>	Position <i>B.S.H.I</i>	Date Signed <i>3-21-00</i>
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2000 MAR 23 AM 5:14
MPS INS & RISK

EMPLOYEE INFORMATION

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

150-045

DEPARTMENT REGULARLY WORKED IN <i>Bureaus</i>	EMPLOYEE HEALTH PLAN <i>None - MPS</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <i>65866</i>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>Little Finger on Right Hand - Cut and Bruised Finger</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>Sally A. Galdins</i>	Social Security Number <i>395-50-1029</i>	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Employee Home Telephone No. <i>(414) 353-7971</i>
Employee Street Address <i>4706 West Mill Road</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53218</i>
Birthdate Mo: <i>10</i> Day: <i>30</i> Year: <i>1946</i>	Date of Hire <i>8/31/95</i>	County and State where accident or exposure occurred <i>Milwaukee, Wisconsin</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>	Employer FEIN: <i>396005532</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>\$ 9.30</i>	Specify per hr., wk., mo., yr., etc. <i>Hourly</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	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>7:30 am</i>	<i>4.5</i>	<i>22.5</i>	<i>5</i>	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	<i>7:30 am</i>	<i>4.5</i>	<i>22.5</i>	<i>5</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 If yes, how many? _____	Number of full-time employees doing the same type of work _____
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Injury Date Mo: <i>03</i> Day: <i>03</i> Yr: <i>2000</i>	Time of Injury <i>AM 12 PM</i>	Last Day Worked Mo: _____ Day: _____ Yr: _____	Date Employer Notified Mo: <i>03</i> Day: <i>03</i> Yr: <i>2000</i>	<input type="checkbox"/> Date Returned to Work <input type="checkbox"/> Estimated Date of Return <input checked="" 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 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 was bringing a food cart down the ramp. I smashed my right little finger between the cart and the wall.

Report Prepared By <i>Sally Galdins</i>	Work Phone No. <i>414, 353-3220</i>	Position <i>Food Service Worker</i>	Date Signed <i>3-20-00</i>
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WKC-12 (R. 2/98)

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

2000 MAR 21 11:11 AM
MPS INS & RISK

SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

CITY OF MILWAUKEE
FORM EB-49-3/98

Plant Operator

REPORT OF ACCIDENT TO EMPLOYEE
UNDER WORKER'S COMPENSATION ACT

025387 RECEIVED MAR 29 2000

150-5131049

DEPARTMENT REGULARLY WORKED IN <i>Engineering Dept</i>	EMPLOYEE HEALTH PLAN <i>None - APS</i>	IS THIS EMPLOYEE ELIGIBLE FOR INJURY PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PENSION # <i>67694</i>	TYPE OF INJURY (The Part of Body Affected And The Nature of Injury or Illness) <i>Chemical burn to eyes.</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>Eduard G. Bonkoski</i>	Social Security Number <i>393-34-279</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No. <i>(414) 466-6351</i>
Employee Street Address <i>2704 N Hockett 4535 N. Rd</i>	City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53211</i>
Birthdate Mo. <i>1</i> Day <i>11</i> Year <i>50</i>	Date of Hire <i>10-4-99</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>
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>8.67</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>2:00</i>	<i>5</i>	<i>40</i>	<i>5</i>	
Employee's Normal Full-time Schedule for Injured's Work	<i>2:00</i>	<i>8</i>	<i>40</i>	<i>5</i>	

Part-Time Employment Information: Scheduled Hrs. Per Week <i>40</i>	Are there other part-time workers doing the same work with the same schedule? <input type="checkbox"/> Yes <input checked="" 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 <i>2</i> Day <i>22</i> Yr <i>00</i>	Time of Injury AM <i>A</i> PM	Last Day Worked Mo <i>2</i> Day <i>22</i> Yr <i>00</i>	Date Employer Notified Mo <i>2</i> Day <i>22</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 <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules
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Date of Death
Mo _____ Day _____ Yr _____

Name, Relationship, and Address of Closest Dependent of Deceased if Injury Caused Death

Name of Witnesses
Wayne Louis, Super John Beard, Darwin Perkins.

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.

*Splash back of chemical known as ZEP
I was pouring the stripper in a bent over position on the floor in corner of a corr set
back some of the ZEP stripper splashed back over my glasses into my eyes.*

Report Prepared By	Work Phone No.	Position	Date Signed
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SEND REPORT IMMEDIATELY - DO NOT WAIT FOR MEDICAL REPORT

Milwaukee Journal Sentinel July 18, 2000

Change in rules lets students do chores

Agency revises guidelines so punishment assigned at school meets labor laws

By DENNIS CHAPTMAN
of the Journal Sentinel staff

Madison — Children could be assigned to perform chores at school as punishment without fear of violating child labor laws, under revised rules announced Monday by a state agency.

"Teachers and school staff deserve to have discretion when it comes to making decisions on student activities," said Linda Stewart, secretary of the Department of Workforce Development. "They shouldn't have to worry about whether working in the lunchroom during a

15-minute recess constitutes employment."

The rules were rewritten after a state investigator ruled in November that an elementary school librarian in the Monona Grove School District illegally "hired" an 8-year-old by having him work off a \$9.25 library debt by working during recess.

The librarian proposed that the student work during 19 afternoon recesses, at 50 cents per recess, to repay the library for damaged materials. The child's father, Larry K. Volkey Jr., complained of the "forced labor" and filed a complaint with the state.

The investigator found that the 50-cent per recess arrangement violated a state child labor law that prohibits anyone under the age of 12 from working.

Under the rule changes, however, student work would not constitute employment if it has an educational benefit to the student and does not add more than one hour to the school day. An adult also must supervise the student, and the work the student performs cannot displace another worker.

"Common sense dictates that we make this change," Stewart said in a statement. "It is reasonable to assume that a student who helps out in the school cafeteria or library for less than an hour a day is not an employee."

The changes, which bring state policy more in line with federal standards and have the backing of the state Department of Public Instruction, need the approval of the Legislature before they can take effect, Stewart said.

To
DAN Fernbach
From
ANNE

Eskeitz, Anne

From: Eskeitz, Anne
Sent: Thursday, August 03, 2000 3:26 PM
To: Markham, Kimberly; Anderson, Bob; Donoghue, Sheehan; Smith, Richard; Pridgen, Elaine
Subject: CR 00-046 - Meeting called by Sen. Baumgart, Chair, Senate Labor Committee Meeting

The meeting on the above rule is scheduled for Tuesday, August 8, at 9:30 AM. **It will be held in the 330 SW Hearing Room.**

Note to Kimberly Markham:

Jennifer Kammerud from the School Administrators is planning on attending as well as Sherry Krause from the School Boards Association

Any questions: Contact Anne Eskeitz, Committee Clerk 6-2056

Eskeitz, Anne

From: Fernbach, Dan
Sent: Monday, August 14, 2000 2:37 PM
To: Eskeitz, Anne
Subject: RE: CR 00-046 - Geermane Modification

Anne--

After looking at the department's germane modification, I'm o.k. with the 2nd sentence which is what they said they would do at the meeting last week. However, I am unsure what the intention of the last sentence is. They didn't mention anything like that at the meeting.

Dan

-----Original Message-----

From: Eskeitz, Anne
Sent: Monday, August 14, 2000 2:17 PM
To: Fernbach, Dan
Subject: CR 00-046 - Geermane Modification

I am sending over, by page, a copy of the official letter from Workforce Development re the germane modification to the above rule as discussed at the meeting the other day. If it is o.k., I will send it to the other committee actions and do the record. It just came in a few minutes ago.

OPTION 1

After DWD 270.085 (2) (d), insert:

"(3) Each school district that permits students to perform worklike activities under this section shall indemnify students against personal injury while performing such activities [under a worker's compensation policy or other policy of insurance or through self-insurance].

OPTION 2

1. In s. DWD 270.085 (1) (intro.), after "employment" insert "under Ch. 103, Stats., or this chapter".
2. In s. DWD 270.085 (2) (intro.), after "employment" insert "under Ch. 103, Stats., or this chapter".
3. After s. DWD 270.085 (2) (d), insert:

"NOTE: This section provides that certain student worklike activities shall not constitute employment under Wisconsin's child labor laws. Such activities, however, may be considered employment under other state laws, such as Ch. 102, Stats., Worker's Compensation, that are designed to protect the health and safety of employees.

Eskeitz, Anne

From: Joanne Ricca [jricca@execpc.com]
Sent: Thursday, April 13, 2000 11:50 AM
To: Anne.Eskeitz@legis.state.wi.us
Subject: Clearinghouse Rule 00-46

Dear Anne,

Clearinghouse Rule 00-46, submitted by the Dept. of Workforce Development, may be referred to the Senate Labor Committee at some point in the weeks ahead. It relates to "student worklike activities that do not constitute employment". Please let Senator Baumgart know that the Wisconsin State AFL-CIO and several affiliated unions have concerns about this rule, based on the language currently proposed by the department. We do not know if the rule will be modified based on our comments submitted to the department, but we did want to alert Senator Baumgart of concerns around this child labor regulation.

Ricca
Staff

Joanne
Legislative