

**DEPARTMENT OF WORKFORCE DEVELOPMENT
NOTICE OF PROPOSED GUIDANCE DOCUMENTS**

Pursuant to section 227.112 of the Wisconsin Statutes, the Wisconsin Department of Workforce Development is hereby accepting comments on the proposed guidance documents listed below.

LOCATION OF PROPOSED GUIDANCE

Proposed guidance documents may be reviewed by accessing:

<https://dwd.wisconsin.gov/gdl/>

SUBMITTING PUBLIC COMMENTS

Public comments on proposed or adopted guidance documents may be submitted by accessing:

<https://dwd.wisconsin.gov/gdl/>

DEADLINE FOR SUBMISSION

The comments may be submitted to until 21 days after the publication of this document in the Administrative Register.

AGENCY PUBLICATION

The below-listed guidance documents contain statements or interpretations of law under the following applicable state statutory or administrative code provisions: Wisconsin Statute Chapter 102, Administrative Code DWD 80, and Administrative Code DWD 81

CERTIFICATION

Pursuant to the authority delegated to me by the Secretary, I have reviewed the below-listed guidance documents or proposed guidance documents and I certify that they comply with sections 227.10 and 227.11 of the Wisconsin Statutes. I further certify that the guidance documents or proposed guidance documents contain no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated. I further certify that the guidance documents or proposed guidance documents contain no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.



Steven Peters
Worker's Compensation Division Administrator

PROPOSED GUIDANCE DOCUMENTS

1.	WKC-3-E Medical Treatment Statement
2.	WKC-7-E Hearing Application
3.	WK-7-B Compromise Review Application
4.	WKC-12-E Employers First Report of Injury or Disease
5.	WKC-13-E Supplementary Report on Accidents and Industrial Diseases
6.	WKC-13A-E Wage Information
7.	WKC-16-E Medical Report on Industrial Injuries
8.	WKC-16-A-E Physicians Report on Eye Injuries
9.	WKC-16-B-E Practitioners Report on Accident or Industrial Disease in Lieu of Testimony
10.	WKC-17-DHA-E Subpoena
11.	WKC-19-DHA-E Admission to Service and Answer to Application
12.	WKC-28 Form to appeal a DWD administrative law judge's order to the Labor and Industry Review Commission
13.	WKC-28-DHA Form to appeal a DHA administrative law judge's order to the Labor and Industry Review Commission
14.	WKC-34 License Application
15.	WKC-35 WC Hearing Appearance Permit Application
16.	WKC-136-E Advance or Lump Sum Request
17.	WKC-140-E Supplemental Payments Reimbursement Request
18.	WKC-170-E Third Party Proceeds Agreement
19.	WKC-176 Compromise Agreement
20.	WKC-177 Stipulation
21.	WKC-6119 Social Security Reverse Offset Worksheet
22.	WKC-6156 Social Security Information Request
23.	WKC-6743-E Vocational Expert Verified Report
24.	WKC-7359-E Worksheet to calculate Temporary Partial Disability Payments
25.	WKC-7602-E Corporate Officer Option Notice
26.	WKC-9351-E Health Service Database Certification Application
27.	WKC-9380-E Necessity of Treatment Dispute Resolution Request Form
28.	WKC-9488-E Consent Form for Release of Medical Information
29.	WKC-9498 Reasonableness of Fee Dispute Resolution Request Form
30.	WKC-10042 Private Vocational Rehabilitation Specialist Certification Application
31.	WKC-10146 Notification of Vocational Services
32.	WKC-10369 Private Vocational Rehabilitation Services Quarterly Report
33.	WKC-12698 Self-Restriction Assessment
34.	WKC-15119-E Joint Certificate of Readiness
35.	WKC-15717-DHA-E Certification of Readiness
36.	WKC-15782-E Termination Notice of Divided Workforce
37.	WKC-15783-E Employer Notice of Divided-Workforce
38.	WKC-15784-E Employee Leasing Company Notification of a client covered under a master policy for small clients

39.	WKC-15785-E Wisconsin Proof of Coverage Notice under a master policy for small clients
40.	WKC-16804-E Work Injury Supplemental Benefit Fund Barred Claim
41.	WKC-17001 Notice of Potential Eligibility to Receive Vocational Rehabilitation Services
42.	WKC-17843-E Fax Cover Sheet
43.	WKC-17876-E Annual Report of Permanent Total Disability Payments Made
44.	WKC-18151-E Form to provide Worker's Compensation insurance carrier information (new or updated) with a section for Third Party Administrators
45.	WKC-18613-E Mileage Reimbursement Record