TARIFAS DE SALARIO MINIMO DE WISCONSIN
Efectivas el 24 de Julio de 2009

Tarifas Generales De Salario Minimo

Empleados que no son de Oportunidad: $7.25 Por Hora

Empleados de Oportunidad: $5.90 Por Hora

Tarifas De Salario Minimo Para Empleados Que Reciben Propinas

Empleados que no son de Oportunidad: $2.33 Por

Empleados de Oportunidad: $2.13 Por Hora

Nota: "Empleado de oportunidad" se refiere a un empleado que todavía no tiene 20 años de edad, el cual ha estado empleado con el empleador o patrono en particular durante 90 o menos días de calendario consecutivos a partir de la fecha en que comenzó su empleo.

Tarifas De Salario Minimo Para Empleados Agricolas

Adultos	$7.25 Por Hora
Menores	$7.25 Por Hora

Tarifas Minimas Para Caddies

9 Hoyos $5.90 18 Hoyos $10.50

Para mayor información póngase en contacto:

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION
LABOR STANDARDS BUREAU

201 E WASHINGTON AVE ROOM A300
PO BOX 8928
MADISON WI 53708

Telephone: (608) 266-6860
TTY: (608) 264-8752

819 N 6th ST
ROOM 723
MILWAUKEE WI 53203

Telephone: (414) 227-4384
TTY: (414) 227-4081

Website: http://dwd.wisconsin.gov/er/

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.

ERD-9247-S-P (R. 09/2011)

ASIGNACIONES MAXIMAS POR ALIMENTOS Y ALOJAMIENTO EN WISCONSIN
Efectivas el 24 de Julio de 2009

EMPLEO FUERA DE LA AGRICULTURA

	EMPLEADOS QUE NO SON DE OPORTUNIDAD	EMPLEADOS DE OPORTUNIDAD
Comidas	$87.00 Por Semana $4.15 Por Comida	$70.80 Por Semana $3.35 Por Comida
Alojamiento	$58.00 Por Semana $8.30 Por Día	$47.20 Por Semana $6.75 Por Día

EMPLEO AGRICOLA
Todos los Empleados

Comidas	$87.00 Por Semana $4.15 Por Comida
Alojamiento	$58.00 Por Semana $8.30 Por Día

EMPLEO DE CONSEJEROS DE CAMPAMENTO
Salario Semanal para Todos los Empleados

	Comida y Alojamiento	Comida Solamente	Sin Comida ni Alojamiento
Salario	$210.00	$265.00	$350.00

Cuando un empleado acepta y recibe la comida o el alojamiento provisto por el empleador o patrono, está permitido que el empleador o patrono deduzca del cheque del trabajador hasta el monto correspondiente como se lo indica arriba. Las cantidades deducidas son usadas para determinar si el empleado está recibiendo las tarifas de salario mínimo requeridas.

NOTICE TO WISCONSIN WORKERS WITH DISABILITIES PAID AT SPECIAL MINIMUM WAGE

Wisconsin Minimum Wage, Hours of Work and Overtime Laws

Generally, employees are covered by Wisconsin's minimum wage and overtime law provisions. The law requires payment of not less than the minimum wage for all hours worked, and payment of time and one-half an employee's regular rate of pay for all hours worked over forty in a work week. There may be other requirements. **Child labor law provisions apply to employees under 18 years of age.**

Special Minimum Wages

Workers whose disabilities impair their ability to perform their work may be employed under a special minimum wage license issued by the Department of Workforce Development. This establishment has such a license. The rates must reflect the productivity of the worker compared to the productivity of a worker not disabled for similar work, and to the wages paid to experienced workers performing the same or similar work in the vicinity.

To be able to pay less than the standard applicable minimum wage, this facility must also have a certificate under Section 14(c) of the Fair Labor Standards Act (FLSA), issued by the US Department of Labor.

Effective July 22, 2016, the FLSA prevents this establishment from employing persons 24 years of age or younger at a special minimum wage unless certain conditions are met. The Division of Vocational Rehabilitation (DVR) will provide documentation that these conditions have been met. DVR will also provide career counseling and information and referral services designed to promote opportunities for competitive, integrated employment, regardless of age, to individuals who are known to be employed at special minimum wages every six months for the first year of the individual's subminimum wage employment and annually thereafter for the duration of such employment.

Worker Notification

The employer shall inform orally and in writing, each worker with a disability, and parent and/or guardian if appropriate, of the terms of the special minimum wage license under which the worker is employed.

Review Process, Complaints, or Questions

A request for reconsideration or review under this law must be filed within 60 days after learning of the action. **To file such a request, make a complaint, for answers to questions about the law, or for a complete copy of the law, contact:**

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION

201 E WASHINGTON AVE ROOM A100
PO BOX 8928
MADISON WI 53708

Telephone: (608) 266-6860
TTY: (608) 264-8752

819 N 6th ST
ROOM 723
MILWAUKEE WI 53203

Telephone: (414) 227-4384
TTY: (414) 227-4081

Website: http://dwd.wisconsin.gov/er/

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us:

ERD-9116-P (R. 08/2016)

Notification Required When Employers Decide to Cease Providing a Health Care Benefit Plan

Pursuant to Section 109.075 Wisconsin Statutes, Wisconsin employers who plan to discontinue health care benefits to current employees, retirees and dependents of employees or retirees in some instances must provide the affected individuals with 60 days advanced notice of the cessation of benefits.

Q: Which current or former employers must comply with this requirement?
A: Employers who operates a business enterprise in Wisconsin that employs 50 or more persons in this state must provide advanced written notice of employer's intention to cease providing health care benefits to affected parties.

Q: Who is an affected individual entitled to notification?
A: Employees, any union representing employees of that business, retirees, and dependents of employees and retires currently covered by the health care plan are entitled to receive 60 days advanced written notice that their benefits will cease.

Q: What would be the purpose of filing a complaint about not receiving advanced notification of a cessation of health care benefits?
A: A complainant who did not receive proper advanced notification may receive either the value of the insurance premium(s) for the period without notification or the actual value of medical expenses incurred during the non-notification period (maximum of 60 days).

Q: If I have questions concerning this requirement or if I wish to file a complaint about not receiving notification, who should I contact?
A: Contact either the Equal Rights Division in Milwaukee or Madison listed below.

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION

201 E WASHINGTON AVE ROOM A300
PO BOX 8928
MADISON WI 53708

Telephone: (608) 266-6860
TTY: (608) 264-8752

819 N 6th ST
ROOM 723
MILWAUKEE WI 53203

Telephone: (414) 227-4384
TTY: (414) 227-4081

Website: http://dwd.wisconsin.gov/er/

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.

ERD-11054-P (R. 09/2011)

Retaliation Protection for Health Care Workers in Wisconsin

Any facility, as defined in s. 647.01 (4), or any hospital, nursing home, community based residential facility, county home, county infirmary, county hospital, county mental health complex or other place licensed or approved by the department of health and family services **must display** this poster in one or more conspicuous places where notices to employees are customarily posted.

Under section 146.997 of Wisconsin Statutes, as an employee of a health care facility or provider, you may not be disciplined at work for good faith reporting of:

- any potential violations of state or federal law by the health care facility or provider,
- any situation where care is provided in a manner that violates state or federal standards, laws, or recognized clinical or ethical standards.

Covered reporting includes internal reports to any director, officer, or supervisor of the health care facility or provider, or reports to an agency or body that accredits, certifies, or approves the facility or provider, unless disclosure is prohibited by law.

Victims of unlawful retaliation may file a complaint, **within 300 days** of the date the retaliation or threat of retaliation occurred, at one of the offices below.

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION

201 E WASHINGTON AVE, ROOM A100
PO BOX 8928
MADISON WI 53708

Telephone: (608) 266-6860
TTY: (608) 264-8752

819 N 6th ST
ROOM 723
MILWAUKEE WI 53203

Telephone: (414) 227-4384
TTY: (414) 227-4081

Website: http://dwd.wisconsin.gov/er/

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.

ERD-12210-P (R. 05/2014)

Notice to Employees About Applying for Wisconsin Unemployment Benefits

When To Apply

- You are totally unemployed,
- You are partially unemployed (your weekly earnings are reduced), or
- You expect to be laid off within the next 13 weeks and would like to start your benefit year early

IMPORTANT: Your claim begins the week you apply. To avoid any loss of benefits, apply the first week you are unemployed. Do not wait until the week is over.

Have This Information Ready To Apply:

- ☐ A username and password for filing online
- ☐ A valid email or mobile number
- ☐ Your social security number
- ☐ Your Wisconsin driver license or identification number
- ☐ Your work history for the last 18 months:
  - Employers' business names **
  - Employers' addresses (including zip code) **
  - Employers' phone numbers
  - First and last dates of work with each employer
  - Reason no longer working with each employer
- ☐ Your alien registration number, document number and expiration date, if you are not a U.S. citizen
- ☐ Form DD214 (Member 4 copy), if you served in the military in the last 18 months
- ☐ Form SF-50 or SF-8, if you are a federal civilian employee
- ☐ Name and local number of your union hall, if you are a union member

Notice to Employers: All employers covered by Wisconsin's Unemployment Insurance law are required to prominently display this poster where employees will easily see it. If employers do not have a permanent work site regularly accessed by employees, an individual copy is to be provided to each employee. For additional copies go online at: http://dwd.wi.gov/dwd/publications/ui/notice.htm or call 414-438-7705. Please enter your UI Account business name and address in the box (at right) for employee reference.

Notice to Employees: The federal Social Security Act requires that you give us your social security number. It will be used to verify your identity and determine your eligibility. If you do not provide your social security number, we cannot take your claim.

UCB-7-P (R. 10/2017)

How To Apply

STEPS TO APPLY ONLINE:

1. Type into the internet browser: **my.unemployment.wisconsin.gov**
2. Read & accept Terms and Conditions
3. Create a username and password
4. Logon to access online benefit services
5. Complete your application

Apply Online During These Times

Sunday	9:00 AM – 5:00 PM
Monday – Friday	6:00 AM – 7:00 PM
Saturday	9:00 AM – 2:30 PM

For help using online services or if you are truly unable to go online call 414-435-7069 during business hours: Monday – Friday: 7:45 AM – 4:30 PM

You may be asked to call back on a specific day of the week

For more information about unemployment insurance, visit our website: **unemployment.wisconsin.gov**

STATE OF WISCONSIN
DWD
Department of Workforce Development

** Employer Business Name & Address:

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Unemployment Insurance Division at 414-435-7069 to request information in an alternate format, including translated to another language.

Aviso para Empleados Sobre cómo aplicar para Beneficios por Desempleo en Wisconsin

¿Cuándo se Aplica?

- Cuando usted esté totalmente desempleado,
- Usted está parcialmente desempleado (su sueldo semanal ha sido reducido), o
- Usted anticipa que le descansen (laid off), dentro de las próximas 13 semanas y le gustaría adelantar el comienzo de su año de beneficios.

IMPORTANTE: Su reclamo no empieza hasta la semana en la cual usted hace su solicitud. Para evitar cualquier pérdida de beneficios, aplique durante la primera semana en la cual usted queda desempleado. No espere que la semana termine.

Para Aplicar, Tenga la Información Siguiente Lista:

- ☐ Un nombre de usuario y contraseña para aplicar en línea
- ☐ Una dirección de correo electrónico o número de teléfono móvil valido
- ☐ Su número del seguro social
- ☐ El número de su licencia de conducir o tarjeta de identificación de Wisconsin
- ☐ Su historial laboral de los últimos 18 meses:
  - Los nombres comerciales de los empleadores **
  - La direcciones de los empleadores/compañías (incluyendo el código postal) **
  - Los números de teléfono de los empleadores/compañías
  - El primer y último día en que trabajo para cada empleador/compañía
  - La razón por la cual que ya no está trabajando con cada empleador/compañía
- ☐ Si usted no es ciudadano Americano, el número de registro extranjero, numero de documento y fecha en que caduca.
- ☐ El formulario DD214 (copia del socio 4), si participó en el Servicio Militar en los últimos 18 meses
- ☐ El formulario SF-50 o el SF-8, si usted es un empleado federal
- ☐ Si eres miembro de una Sindicato laboral, necesitamos el número de la local de dicho Sindicato

Aviso a los Empleadores: Se requiere que todo empleador cubierto bajo la ley del Desempleo del Estado de Wisconsin expongan prominentemente este cartel, donde se pueda ver fácilmente por los empleados (ej. en el tablón de anuncios, o al lado del reloj de control de asistencia). Si el empleador no tiene una localidad permanente de trabajo a la cual los empleados tienen acceso regularmente, una copia de este cartel debe ser distribuido a cada empleado. Para obtener copias adicionales vaya en línea a: http://dwd.wi.gov/dwd/publications/ui/notice.htm o llame 414-438-7705 para pedir copias. Haga el favor de proveer en la caja (a mano derecha) el nombre y dirección de la compañía/empresa en la cuenta de UI, para referencia del empleado/a.

Aviso a los Empleados: La Ley federal del Seguro Social requiere que usted nos dé su número de seguro social. Éste será usado para verificar su identidad y determinar su elegibilidad. Si usted no nos provee con su número de seguro social, no podremos tomar su reclamo.

UCB-7-S-P (R. 10/2017)

¿Cómo Aplicar?

PASOS A SEGUIR PARA APLICAR EN LÍNEA:

1. Teclee lo siguiente en el navegador de internet: **my.unemployment.wisconsin.gov**
2. Lea y acepte los Términos y Condiciones.
3. Debe crear un nombre de usuario y una contraseña.
4. Inicie una sesión para acceder los servicios de Beneficios de Desempleo en línea.
5. Complete su aplicación.

Aplique en Línea Durante el Horario Siguiente:

Domingo	9:00 AM – 5:00 PM
Lunes – Viernes	6:00 AM – 7:00 PM
Sábado	9:00 AM – 2:30 PM

Si necesita ayuda con los servicios en línea o si realmente no puede utilizar los servicios en línea, llame al 414-435-7069 durante horas de operación: Lunes – Viernes: 7:45am – 4:30pm

Es posible que se le requiera que llame de nuevo durante un día específico de la semana

Para más información sobre los beneficios del Desempleo, visite nuestra página web: **unemployment.wisconsin.gov**

STATE OF WISCONSIN
DWD
Department of Workforce Development

** Nombre y Dirección de la Compañía/Empresa:

DWD es un proveedor de servicios de igual oportunidad. Si usted tiene una discapacidad y necesita ayuda con esta información, marque 7-1-1 para comunicarse con el Wisconsin Relay Service (Servicio de Retransmisión de Wisconsin). Comuníquese con el Departamento de Beneficios Del Desempleo al 414-435-7069 para pedir información en un formato alternativo, incluso traducciones a otro idioma.

Lus Qhia Cov Neeg Ua Haujlwm Txog Kev Thov Wisconsin Cov Nyiaj Poob Haujlwm

Thaumtwg Thiaj Thov Tau

- Koj poob koj txoj haujlwm lawm
- Koj ua haujlwm xuas moos (hours) tsawg lawm (koj li nyiaj ntawm ib lub limtiam (one week) twg tsawg lawm) losis
- Yog koj paub hais thies koj yuav raug tawm haujlwm ntawm 13 lub lispiam yav pem suab (13 weeks) koj hu tuaj thov ua ntej lus tau

TSEEM CEEB: Txoj kev thov nyiaj no yuav tsi pib txog thaum lub lispiam uas koj pib thov. Koj yuav tsum thov thawj lub lispiam thaum koj poob haujlwm koj thiaj txais tau kev pab. Tsis txhob tos tom qab lub limtiam tiav tso.

Muaj Cov Ntaub Ntawv No Npaj Ua Ntej Koj Mus Thov:

- ☐ Ib lub username thiab password rau koj nkag mus online
- ☐ Ib tug email losyog ib tug naj npawb xov tooj ntawm tes (cell phone)
- ☐ Koj tus social security naj npawb
- ☐ Koj daim ntawv tso cai tsav tsheb hauv Wisconsin losyog daim identification number (ID naj npawb)
- ☐ Koj cov chaw ua haujlwm yav dhau los uas yog 18 lub hlis:
  - Lub Cov tswv num ua haujlwm cov npe **
  - Cov tswv num ua haujlwm cov chaw nyob (thiab lawv cov zip code) **
  - Cov tswv num ua haujlwm cov xov tooj
  - Hnub koj xub pib ua haujlwm thiab hnub kawg koj ua haujlwm rau cov tswv num no
  - Lus qhia txog vim li cas koj tsis ua haujlwm rau cov tswv num no lawm
- ☐ Koj daim npav ntsuab naj npawb thiab hnub koj daim npav ntsuab taskasnuv, yog hais tias koj tsis yog pej xeem Ameskas
- ☐ Form DD214 (Member 4 copy), Yog hais tias koj tau txais kev pab nyob rau hauv cov tub rog 18 lub hlis dhau los
- ☐ Form SF-50 losyog SF-8, Yog hais tias koj ua haujlwm rau tsoom fwv Teb Chaws Ameskas (federal civilian employee)
- ☐ Lub npe thiab tus naj npawb ntawm koj lub koom haum nrhiav haujlwm losyog union hall, yog tias koj yog ib tug union member

Hais Rau Cov Tswv Num: Tag nrho cov tswv num es nyob rau hauv qab lub lav Wisconsin's Nyiaj Povhwm Poob Haujlwm kev cai lij choj yuav tsum tso saib daim ntawv no rau tej thaj tsam es tibneeg ua haujlwm yuav pom (nyob rau ntawm txiag ntsia ntawv, nyob ze lub tswv brawb ua haujlwm (time clocks)). Yog cov tswv num tsis muaj ib lub chaws ua haujlwm rau lawv cov tibneeg mus ua li, lawv yuav tsum muab ib daim ntawv no rau txhua tus tibneeg ua haujlwm. Mus nrhiav kom tau daim ntawv no ntau ntxiv, mus online rau ntawm: http://dwd.wi.gov/dwd/publications/ui/notice.htm losyog hu xovtooj rau 414-438-7705 thov cov ntawv luam. Thov tso koj lub UI Account npe ua lagluam thiab chaw nyob rau lub thawv (box) (nyob sab xis) rau cov ua num tau saib pom.

Lus Ceebtoom Rau Cov Tibneeg Ua Haujlwm: Txoj cai los ntawm Federal Social Security hais tias koj yuav tsum muab koj tus Social Security nwaj npawb rau peb. Koj tus nwaj npawb no yuav qhia hais tias yog koj tiag thiab yuav siv qhia seb koj puas yuav txais tau nyiaj poob haujlwm. Yog koj tsis muab koj tus Social Security nwaj npawb thaum koj thov cov nyiaj no, peb yuav pab tsis tau koj.

UCB-7-H-P (R. 10/2017)

Yuav Thov Licas

COV THEEM UA NTAWV THOV ONLINE:

1. Ntaus cov lus nos rau qhov internet browser: **my.unemployment.wisconsin.gov**
2. Mus nyeem thiab txais cov Lus Thiab Txoj Cai (Terms and Conditions)
3. Tsim ib lub username thiab password
4. Nkag mus rau thiab qhib kev pab (benefit services) nyob online
5. Mus ua ntaub ntawv thov kom tiav

Mus Online Rau Thaum Cov Caij No:

Sunday	9:00 AM – 5:00 PM
Monday – Friday	6:00 AM – 7:00 PM
Saturday	9:00 AM – 2:30 PM

Mus nrhiav kev pab siv online losis yog tias koj nkag mus tsis tau online hu 414-435-7069 thaum cov sijhawm ua haujlwm no: Monday – Friday: 7:45am – 4:30pm

Tej zaum koj yuav tau hu rows koj hnub rau hu nyob rau lub limtiam

Yog xav paub ntxiv txog nyiaj poob haujlwm, mus saib peb lub website: **unemployment.wisconsin.gov**

STATE OF WISCONSIN
DWD
Department of Workforce Development

** Tswv Num Lub Npe & Chaw Nyob:

DWD yog ib tus tswv num haujlwm thiab muab kev pab muaj vaj huam sib luag rau sawv daws. Yog koj muaj ib tus mob xiam hoob khab tsis taus thiab xav tau kev pab rau daim ntawv no, thov hu rau 7-1-1 rau Wisconsin Relay Service. Thov hu rau Fab Saib Xyuas Kev Them Nyiaj Thaum Poob Hauj Lwm ntawm 414-435-7069 mus thov kom muab daim ntawv no kho ua lwm hom kom koj nyeem tau, xws rau qhov kom muab txhais ua lwm hom lus.

Notice to Employees About Applying for Wisconsin Unemployment Benefits

The directions below are for non-native English speakers who may need to reference one of the following languages. The text reads:

To ask questions about or to apply for unemployment benefits, call 414-435-7069 between 7:45 AM and 4:30 PM on Monday - Friday. An interpreter will be provided for Unemployment Insurance services at no cost.

- **Shqip - Albanian**

  Për pyetje lidhur me përfitimet e papunësisë ose për të kërkuar përfitime papunësie, telefononi: 414-435-7069 nga ora 7:45 paradite deri 4:30 mbasdite nga e hëna deri të premten. Do t'ju vihet në dispozicion një përkthyes falas për shërbimet e Sigurimit të Papunësisë.

- **Bosanski/Hrvatski/Srpski - Bosnian/Croation/Serbian**

  Za pitanja o beneficijama u toku nezaposlenosti (unemployment benefits) ili da se za njih prijavite, nazovite 414-435-7069 izmedju 7:45 i 16:30 od ponedeljka do petka. Besplatan tumač će biti obezbeđen za usluge osiguranja tokom nezaposlenosti (Unemployment Insurance).

- **ຄົນລາວ - Laotian**

  ຖ້າທ່ານຕ້ອງການຕິດຕໍ່ຂໍຊາບລາຍລະອຽດກ່ຽວກັບສວັສດິການຊ່ວຍເຫລືອຄົນຕົກວຽກ ຫລືຕ້ອງການຮ້ອງຂໍເອົາສວັສດິການດັງກ່າວ, ໃຫ້ໂທຫາ 414-435-7069 ຕັ້ງແຕ່ 7:45 ໂມງເຊົ້າ ຫາ 4:30 ໂມງແລງ ວັນຈັນ ຫາ ວັນສຸກ. ຈະຈັດຫານາຍພາສາລາວໄວ້ສຳຫລັບການບໍລິການ ຫາງດ້ານການປະກັນການຕົກວຽກ ໂດຍບໍ່ຄິດຄ່າບໍລິການໃດ ໆ ຫັງສິ້ນ.

- **Język polski - Polish**

  Uzyskać informację o zasiłkach dla bezrobotnych albo złożyć podanie o nie można dzwoniąc na numer 414-435-7069 między 7.45 a 16.30 od poniedziałku do piątku. W załatwianiu spraw związanych z ubezpieczeniem od bezrobocia zapewniamy bezpłatne usługi tłumacza.

- **Русский - Russian**

  Задать вопросы о пособии по безработице или подать заявление о назначении этого пособия можно, позвонив по телефону 414-435-7069 с7:45 до 16:30 с понедельника по пятницу. Услуги переводчика в связи со страхованием от безработицы будут предоставляться бесплатно.

- **Soomaali - Somali**

  Si aad u codsatid munaafacooyinka shaqola'aanta ama aad su'aalo u wedydiisid, waxaad wacdaa 414-435-7069 inta u dhexeeysa 07:45 aroornimo ilaa 4:30 galabnimo ee Isniin ilaa Jimce. Wixii la xiriira adeegyada Caymiska Shaqola'aanta waxaa si kharash la'aan ah laguugu keeni doona turjubaan.

- **Tiếng Việt – Vietnamese**

  Muốn nêu câu hỏi hoặc nạp đơn hưởng trợ cấp thất nghiệp, xin gọi 414-435-7069 từ 7 giờ 45 sáng đến 4 giờ 30 chiều, từ thứ Hai đến thứ Sáu. Chúng tôi có phiên dịch viên miễn phí cho những dịch vụ Bảo hiểm Thất nghiệp.

STATE OF WISCONSIN
DWD
Department of Workforce Development

UCB-7-1-P (R. 10/2017)