



**LKiChoice**

Part of the AssuranceSD family

MEMBER  
INFORMATIONAL PACKET

## Member Informational Packet

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### Referral Processing Contacts

***Do not schedule your Employee to start working until you receive a phone call with a start date.***

***Please call us! We will help you fill these forms out and answer any questions you may have.***

**Beth F.**

Phone Extension: 1279

Email: [beth.flansburg@lkichoice.com](mailto:beth.flansburg@lkichoice.com)

**Jenny J.**

Phone Extension: 1219

Email: [jennifer.jeidy@lkichoice.com](mailto:jennifer.jeidy@lkichoice.com)

**Jessica B.**

Phone Extension: 1281

Email: [jessica.brewer@lkichoice.com](mailto:jessica.brewer@lkichoice.com)

**Cassandra S.**

Phone Extension: 1210

Email: [cassandra.stocks@lkichoice.com](mailto:cassandra.stocks@lkichoice.com)

**Tricia H.**

Phone Extension: 1250

Email: [tricia.hummel@lkichoice.com](mailto:tricia.hummel@lkichoice.com)

**Kerrin T.**

Phone Extension: 1234

Email: [kerrin.thompson@lkichoice.com](mailto:kerrin.thompson@lkichoice.com)

**Karen C.**

Phone Extension: 1232

Email: [karen.carver@lkichoice.com](mailto:karen.carver@lkichoice.com)

**Sara S.**

Phone Extension: 1237

Email: [sara.seitz@lkichoice.com](mailto:sara.seitz@lkichoice.com)

- Please complete forms using your full legal name on your Social Security Card.
- If you have a Guardian, your Guardian must sign all documents, if you have a POA then you or your POA can sign all documents.

**Note(s):**

**Please call with any questions or for help to complete the forms in this packet!**

**Thank you**

Main # **1-608-326-0434**

Toll Free Phone # **1-844-534-7225**

Toll Free Fax # **1-844-634-7225**

Email [payroll@lkichoice.com](mailto:payroll@lkichoice.com)

106 S Beaumont Road

Prairie du Chien, WI 53821

Website Portal: [www.lkichoice.com](http://www.lkichoice.com)

## Payroll Contact

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Your Payroll Specialist is marked below.

**608-326-0434 or 844-534-7225**

<b>Brandon D.</b> Phone Extension: 1280	<b>Carrie L.</b> Phone Extension: 1282
<b>Jayne M.</b> Phone Extension: 1205	<b>Justina O.</b> Phone Extension: 1264
<b>Sara Greene</b> Phone Extension: 1288	<b>Michelle C.</b> Phone Extension: 1203
<b>Catherine W.</b> Phone Extension: 1230	<b>Tammy H.</b> Phone Extension: 1206
<b>Nikki D.</b> Phone Extension: 1238	<b>William Gressman</b> Phone Extension: 1204
<b>Jennifer Y.</b> Phone Extension: 1265	

### Reminders when completing timesheet:

- Work week and authorizations run from Sunday to Saturday.
- Must have an in and out time for each shift listed.
- Stay within your authorized hours, miles, or services. If unsure of your authorized hours or service code, please call your Payroll Specialist listed above.
- Write clearly and in dark blue or black ink only and enter only one shift per line.
- When working past midnight, start a new line for the new workday.
- Don't write over numbers already written on timesheet. If you make an error place a line through it, initial, and write clearly next to it or on a new line.
- Have the member/legal rep and employee sign off on the timesheet after all days of service have been worked for that pay period. Date the signatures for the same date as the signatures were written.
- Write the total number of hours and minutes worked on each individual timesheet.
- Check your correct Funding Source at the bottom of all timesheets. If unsure of Funding Source contact your Payroll Specialist.

### Contact Information

Main phone number: **1-608-326-0434**

Toll-Free phone number: **1-844-534-7225**

Toll Free Fax number: **1-844-634-7225**

Payroll Email: [payroll@lkichoice.com](mailto:payroll@lkichoice.com)

Mailing Address: **106 S. Beaumont Rd, Prairie du Chien, WI 53821**



## EVV: Electronic Visit Verification (CareTime)

**608-326-0434 or 844-534-7225**

<b>Tanya D.</b> Phone Extension: 1283	<b>Beth A-P.</b> Phone Extension: 1284
<b>Laura A</b> Phone Extension: 1291	<b>Jennifer M.</b> Phone Extension: 1240

**Electronic Visit Verification is a *federally mandated* to be used for service codes of:**

**S5125, S5126, T1019, and T1020**

**Therapy: 92507, 97139, 97799**

**Nursing: 99504, 99600, S9123, S9124, T1001, T1021, T1502**

**PCS: 99509**

If you are a verified Live-in provider, you are exempt from using EVV. If you have one of the codes above and you are not a verified live-in provider, you will need to use EVV to clock in and clock out for every shift worked.

**EVV Reminders:**

- EVV is required for payment of payroll as well as a 2<sup>nd</sup> form of logging your hours. Paper timesheet or the Web Entry Portal.
- CareTime punches should match your timesheet. Paper timesheet or Web Entry.
- LKiChoice uses the CareTime Software for the EVV Program. CareTime is 2-step process:
  - (1) Caregivers use the CareTime app or the member's landline phone to clock in/out of their shifts.
  - (2) The member or their delegate will manage the CareTime portal website to edit and add shifts as well as approve all shifts at the end of each payroll.
- If a caregiver misses a punch in CareTime it will need to be corrected by the member, delegate, or the EVV team.

**If you have any questions or issues with CareTime, contact the EVV Team.**

**Contact Information**

Main phone number: **1-608-326-0434**

Toll-Free phone number: **1-844-534-7225**

Toll Free Fax number: **1-844-634-7225**

Payroll Email: [payroll@lkichoice.com](mailto:payroll@lkichoice.com)

Mailing Address: **106 S. Beaumont Rd, Prairie du Chien, WI 53821**

# Employer Handbook

This handbook is intended to give you, the Employer, tips and tools as it relates to Employer tasks.

1. Determine Your Support Needs and Job Criteria
  - a. Define the job duties (cleaning, bathing, lifting, transportation, etc.)
  - b. How many hours and workers are needed?
  - c. What time of day and what days do you need help? Can the hours be flexible?
  - d. Create a weekly schedule.
  - e. What is the hourly wage?
  - f. Who will supervise and what is the supervisory style?
  - g. Who approves timesheets?
  - h. How is quality of work defined?
  
2. Find A Worker/Employee
  - a. Speak with family, friends, or neighbors.
  - b. Create a job posting.
    - i. Newspaper advertisement.
    - ii. Online job sites.
      - i. <https://jobcenterofwisconsin.com/>
      - ii. <https://www.indeed.com/>
    - iii. County or ADRC may have a job board.
    - iv. College campuses or high school.
    - v. Respite Care of Wisconsin Job Board - <https://respitcarewi.org/>
  
3. Give out applications.
  - a. Request the following information from prospective worker/employee.
    - i. Name, address, phone number.
    - ii. Education, training, skills, and work experience.
    - iii. References for you to call.
    - iv. Signature of applicant for certification of truthfulness.
  - b. Topics you should not include or ask.
    - i. Age, race, height, or weight.
    - ii. Marital status.
    - iii. Religion.

- iv. Any question dealing with children.
4. Interview prospective worker/employee.
  - a. Be thorough and specific on the job responsibilities, hours, times, wages, start date, flexibility, etc.
  - b. Ask open-ended questions that allow for deeper communication.
  - c. If you have pets, discuss this with them in case they have pet allergies.
  - d. Ask questions such as:
    - i. Describe your work experience, skills, or any jobs you have had that relate to caregiving?
    - ii. What motivates you to do your job well?
    - iii. What makes them the best candidate for the job?
  - e. Do not ask questions such as:
    - i. Are you catholic?
    - ii. Are you single or dating?
    - iii. Do you have a disability?
  - f. Answer any questions the applicant might have.
5. Review applications and decide on Worker/Employee to hire.
  - a. Gather all the information you have collected on applicants.
  - b. Call provided references and ask questions such as:
    - i. How do you know the applicant?
    - ii. How was the applicant's attendance, punctuality, teamwork, motivation, etc.
    - iii. What are the applicant's strengths and weaknesses?
    - iv. Would you rehire the applicant? Why or why not?
6. Hire the applicant that fits your needs the most.
  - a. Call the worker/employee you have chosen and offer them the job position.
  - b. Be sure they understand their job responsibilities, the rate of pay, hours, etc.
  - c. Provide the Employee Packet from LKiChoice to be filled out by the applicant.
  - d. Sign the I-9 and any employer signatures need in the Employee Packet.
  - e. Return completed packet to LKiChoice for processing.
    - i. LKiChoice will let you know when the required Wisconsin Caregiver background check is completed, and your Funding Source has given a hire date for the employee. Do not schedule your employee until a start date is received.
7. Train your Employee.
  - a. Explain to your Employee what needs to be done and the way you would like it to be completed.

- b. View the LKiChoice website at <https://lkichoice.com/trainings>, to assist with training materials.
  - c. Responsible for verifying hours worked on timesheets/online entry and sign off/approve properly completed hours.
  - d. Verify that Employee is using the EVV system if required.
    - i. EVV is a Federal mandated electronic system that uses technology to verify that authorized services were provided. If you are authorized for one of these service codes, S5125, S5126, T1019, or T1020, you will need to follow the EVV guidelines and rules.
    - ii. For more information on EVV visit: <https://lkichoice.com/evv>
8. Employer best practices for a professional relationship with Employees
- a. Be fair, consistent, respectful, and honest with your Employee and their privacy.
  - b. Be sincere in your praise and give positive feedback often. Tell the Employee why you appreciate their efforts and behavior.
  - c. Understand that retention is important to you and your cares.
  - d. Compromise or brainstorm strategies with your Employee.
  - e. Listen and pay attention to Employee's ideas.
  - f. Give examples of how to improve.
  - g. Address concerns immediately, in a non-judgmental manner.
9. Post REQUIRED Employment posters
- a. All Employers covered by Wisconsin's Unemployment Insurance Law are required to prominently display the most up to date posters where Employees will easily see them, such as, on bulletin boards. If Employers do not have a permanent work site regularly accessed by Employees, an individual copy is to be provided to each Employee. All posters can be found at <https://dwd.wisconsin.gov/dwd/workplace-posters/> and should be kept up to date. The last pages of this document contain the at this time current required posters.
10. Termination of an Employee
- a. Termination may be due to reasons including:
    - i. Employee found another job.
    - ii. Employee failed to meet the job requirements/duties.
    - iii. The Employee was often late or a no show for work shifts.
  - b. Contact your Care Manager and LKiChoice to let them know the last day worked of your Employee and reason for employment termination.

# 2024 Payroll Schedule

<b>1. PAY PERIOD</b> After you complete your last day of work for the pay period ...	<b>2. TIMESHEET DUE DATE</b> Ensure that your timesheet(s) are at the Prairie du Chien Office by the following date.	<b>3. PAY DATE</b> You will be paid on the following date via Direct Deposit.
12/16/2023 to 12/31/2023	01/04/2024	01/12/2024
01/01/2024 to 01/15/2024	01/19/2024	01/30/2024
01/16/2024 to 01/31/2024	02/05/2024	02/15/2024
02/01/2024 to 02/15/2024	02/20/2024	02/29/2024
02/16/2024 to 02/29/2024	03/05/2024	03/15/2024
03/01/2024 to 03/15/2024	03/20/2024	03/29/2024
03/16/2024 to 03/31/2024	04/04/2024	04/15/2024
04/01/2024 to 04/15/2024	04/19/2024	04/30/2024
04/16/2024 to 04/30/2024	05/06/2024	05/15/2024
05/01/2024 to 05/15/2024	05/20/2024	05/30/2024
05/16/2024 to 05/31/2024	06/05/2024	06/14/2024
06/01/2024 to 06/15/2024	06/18/2024	06/28/2024
06/16/2024 to 06/30/2024	07/03/2024	07/15/2024
07/01/2024 to 07/15/2024	07/19/2024	07/30/2024
07/16/2024 to 07/31/2024	08/05/2024	08/15/2024
08/01/2024 to 08/15/2024	08/20/2024	08/30/2024
08/16/2024 to 08/31/2024	09/04/2024	09/13/2024
09/01/2024 to 09/15/2024	09/19/2024	09/30/2024
09/16/2024 to 09/30/2024	10/04/2024	10/15/2024
10/01/2024 to 10/15/2024	10/18/2024	10/30/2024
10/16/2024 to 10/31/2024	11/05/2024	11/15/2024
11/01/2024 to 11/15/2024	11/19/2024	11/29/2024
11/16/2024 to 11/30/2024	12/04/2024	12/13/2024
12/01/2024 to 12/15/2024	12/19/2024	12/30/2024

**LATE TIMESHEETS:** Timesheets received *after* the date indicated in the column titled “Timesheet Due Date” will be processed in the next pay period. **No Exceptions.**

**FORMS & SUBMISSION – Questions call 608-326-0434**

- Forms are available on LKChoice website: [www.lkchoice.com](http://www.lkchoice.com)
- Faxing your timesheet: (844) 634-7225 – Must call 608-326-0434 to ensure fax is received.
- Mailing your timesheet: 106 S Beaumont Road, Prairie du Chien, WI 53821
- Emailing your timesheet: [payroll@lkchoice.com](mailto:payroll@lkchoice.com)





# 2025 Payroll Schedule

<b>1. PAY PERIOD</b> After you complete your last day of work for the pay period ...	<b>2. TIMESHEET DUE DATE</b> Ensure that your timesheet(s) are at the Prairie du Chien Office by the following date.	<b>3. PAY DATE</b> You will be paid on the following date via Direct Deposit.
12/16/2024 to 12/31/2024	01/03/2025	01/15/2025
01/01/2025 to 01/15/2025	01/18/2025	01/30/2025
01/16/2025 to 01/31/2025	02/03/2025	02/14/2025
02/01/2025 to 02/15/2025	02/18/2025	02/28/2025
02/16/2025 to 02/28/2025	03/03/2025	03/14/2025
03/01/2025 to 03/15/2025	03/18/2025	03/28/2025
03/16/2025 to 03/31/2025	04/03/2025	04/15/2025
04/01/2025 to 04/15/2025	04/18/2025	04/30/2025
04/16/2025 to 04/30/2025	05/03/2025	05/15/2025
05/01/2025 to 05/15/2025	05/18/2025	05/30/2025
05/16/2025 to 05/31/2025	06/03/2025	06/13/2025
06/01/2025 to 06/15/2025	06/18/2025	06/30/2025
06/16/2025 to 06/30/2025	07/03/2025	07/15/2025
07/01/2025 to 07/15/2025	07/18/2025	07/30/2025
07/16/2025 to 07/31/2025	08/03/2025	08/15/2025
08/01/2025 to 08/15/2025	08/18/2025	08/29/2025
08/16/2025 to 08/31/2025	09/03/2025	09/15/2025
09/01/2025 to 09/15/2025	09/18/2025	09/30/2025
09/16/2025 to 09/30/2025	10/03/2025	10/15/2025
10/01/2025 to 10/15/2025	10/18/2025	10/30/2025
10/16/2025 to 10/31/2025	11/03/2025	11/14/2025
11/01/2025 to 11/15/2025	11/18/2025	11/28/2025
11/16/2025 to 11/30/2025	12/03/2025	12/15/2025
12/01/2025 to 12/15/2025	12/18/2025	12/30/2025

**LATE TIMESHEETS:** Timesheets received *after* the date indicated in the column titled “Timesheet Due Date” will be processed in the next pay period. **No Exceptions.**

**FORMS & SUBMISSION – Questions call 608-326-0434**

- Forms are available on LKChoice website: [www.lkchoice.com](http://www.lkchoice.com)
- Faxing your timesheet: (844) 634-7225 – Must call 608-326-0434 to ensure fax is received.
- Mailing your timesheet: 106 S Beaumont Road, Prairie du Chien, WI 53821- Must call to ensure mail is received.
- Emailing your timesheet: [payroll@lkchoice.com](mailto:payroll@lkchoice.com)



## Know Your Civil Rights

### Non-eligibility for services is not discrimination

It is important to differentiate between denial of benefits (lawful or unlawful) and exclusion from services. Persons who are denied benefits or who are excluded from services because they do not meet the basic eligibility conditions for the receipt of these services are not protected by civil rights laws against this denial or exclusion. For example, in order to be eligible for FoodShare Wisconsin, a person's income must be below a certain level, and certain other basic eligibility conditions must be met. Civil rights laws have no effect on these basic eligibility conditions.



## Know Your Civil Rights



### Steps for eligibility or program complaints

1. Ask to speak to a supervisor of your county services provider to see if you can resolve the situation. If not, talk to the county complaint coordinator. If you cannot find a mutually acceptable resolution, your county should refer you to the appropriate DHS Regional Area Administration:
  - Northeastern: 920-448-5333 in Green Bay
  - Northern: 715-365-2507 in Rhinelander
  - Southeastern: 262-521-5113 in Waukesha
  - Southern: 262-521-5113 in Madison
  - Western: 715-836-3892 in Eau Claire

2. You must file for a fair hearing with the Wisconsin Division of Hearings and Appeals [www.dha.wi.gov/Pages/AboutDOA/HearingsAndAppeals.aspx](http://www.dha.wi.gov/Pages/AboutDOA/HearingsAndAppeals.aspx) for FoodShare Wisconsin, Medicaid/BadgerCare, county mental health, AODA and developmentally disabled county services complaints.

When you receive inpatient services for mental illness, alcoholism, drug abuse, or a developmental disability, you have the rights under Wis. Stat. § 51.61(1) and 51.30, Wis. Adm. Code chs. DHS 92 and DHS 124, and 42 CFR 482.13. If you require additional information regarding these rights, please see a staff member of the facility or program providing services and it will be provided to you.

### Did you know?

Participants in health and social service programs have special protection against discrimination. This is because of federal laws that are enforced through the Wisconsin Department of Health Services (DHS) at the state level. This brochure explains what that special protection is and gives information about some of these laws.



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

Office of Legal Counsel  
P-80044 (06/2020)

# Know Your Civil Rights

## What is “discrimination?”

“Discrimination” is a direct action, whether intentional or not, which results in the unequal treatment or causes an adverse impact on categories of people protected by law. Discrimination may result from prejudice, which is adverse judgment or opinion formed about a person beforehand without knowledge or examination of the facts. While “prejudice” generally refers to opinions or thoughts, “discrimination” refers to actions. This means that individuals may not, because of their race, color, national origin, gender, age or disability:

- Be denied any service, financial aid, or other benefit provided under a federally funded program.
- Be subjected to segregation or separate treatment in a federally funded program.
- Be provided any service, financial aid, or benefit that is different or is provided in a different manner from the way that service is provided to others.
- Be denied access to a service because buildings or facilities are not physically accessible to persons with disabilities or because no accommodation was provided to enable effective communication with the service provider.
- Be provided services without a competent interpreter in the primary language of a participant who has limited English proficiency. A limited English proficient (LEP) participant may also request an oral interpretation of vital information if no written translation is available.
- Be legally denied benefits by your service provider because of your religious beliefs or political affiliations. This is of particular note if you are a participant in FoodShare Wisconsin.

## Who is a “person with a disability?”

A person with a disability is one who (1) has a physical or mental condition that substantially limits a major life activity, (2) has a record of such a condition, or (3) is regarded as a person with a disability.



## What is “reasonable accommodation?”

If you are a person with a disability, you may make a request for a reasonable accommodation that must be given to you free of charge by the service provider. If you are deaf or hard of hearing and require a sign language interpreter, your service provider must offer you, at the very least, an interpreter with minimum national certification requirements (RAD or NAD).

## Who is a “limited English proficient (LEP) speaker?”

This is a person who cannot speak English well enough to be able to fully participate in a program or service funded by the state or the federal government. An LEP speaker must be provided an oral interpreter who is linguistically and culturally competent in the LEP speaker’s primary language and in English.

## Steps for filing a discrimination complaint

1. The first step is to file a discrimination complaint at your county department of human services. Look for the name of the county’s equal opportunity coordinator or complaint coordinator and contact number on bulletin boards or at the receptionist or information desk.

2. If you are dissatisfied with the county’s resolution, you may file a written or oral discrimination complaint directly with the Wisconsin Department of Health Services against an agency, health care facility, or organization that you think may have discriminated against you for any program associated with DHS. To file a discrimination complaint at the state level, contact:

Wisconsin Department of Health Services,  
Affirmative Action and Civil Rights Office  
1 W. Wilson St., Room 651  
PO Box 7850  
Madison, WI 53707-7850  
608-267-4955 (Voice)  
711 or 800-947-3529 (TTY)  
608-267-1434 (Fax)

Email: [dhscc@dhs.wisconsin.gov](mailto:dhscc@dhs.wisconsin.gov)

3. You may also file directly at the federal level. Contact:

U.S. Department of Health and Human Services  
Centralized Case Management Operations  
200 Independence Ave., SW  
Suite 509F HHH Bldg.  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Email: [OCRComplaints@hhs.gov](mailto:OCRComplaints@hhs.gov)

For FoodShare Wisconsin (Food Stamps), contact:  
USDA, Director, Office of Civil Rights  
1400 Independence Ave. SW  
Washington, DC 20250-9410

866-632-9992 (Toll-free customer service)  
800-877-8339 (Local or federal relay)  
866-377-8642 (Relay voice users)  
800-845-6136 (Spanish)  
Fax: 202-690-7442

# Wisconsin Fair Employment Law

Section 111.31-111.395 Wisconsin Statutes and DWD 218 Wisconsin Administrative Code requires that all employers prominently display this Poster in all places of employment.

It is unlawful to discriminate against employees and job applicants because of their:

- Sex
- Color
- Ancestry
- Disability
- Marital Status
- Race
- Creed (Religion)
- Age (40 or Over)
- Declining to Attend a Meeting or Participate in any Communication About Religious or Political Matters
- Use of Lawful Products
- Arrest or Conviction
- Honesty Testing
- National Origin
- Pregnancy or Childbirth
- Sexual Orientation
- Genetic Testing
- Military Service

This law applies to employers, employment agencies, labor unions and licensing agencies.

Employers may not require certain types of honesty testing or genetic testing as a condition of employment, nor discipline an employee because of the results.

Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

There is a 300-day time limit for filing a discrimination complaint.

**For more information or a copy of the law and the administrative rules 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

819 N 6TH ST  
ROOM 723  
MILWAUKEE WI 53203

Telephone: (414) 227-4384

**Website: <https://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.

# 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: <https://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. 09/2019)

## 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**

For more information about unemployment insurance, visit our website:

**[dwd.wisconsin.gov/ui](http://dwd.wisconsin.gov/ui)**

**STATE OF WISCONSIN**



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.

# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



# YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

**USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.**

## REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

## RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **<http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: **<http://www.dol.gov/vets/programs/userra/poster.htm>**. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
**1-866-487-2365**



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date — April 2017





# Job Safety and Health IT'S THE LAW!

## All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

## Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**

