

## Written Disclosure Statement Verification

**This form is NOT the Written Disclosure Statement.  
The Written Disclosure Statement provided at the time of recruitment must be attached to this form.**

The form may be used by employers and migrant labor contractors to demonstrate compliance with Wis. Stat. § 103.915(1)(a), which provides that a written recruiting disclosure statement containing the information required in a work agreement must be provided to workers at the time of recruitment.

Personal information you provide may be used for secondary purposes per Wis. Stat. § 15.04(1)(m). Providing your social security number (SSN) is required so the Department of Workforce Development can verify that the Employer/Migrant Labor Contractor is making the required payroll deductions and tax statements.

Note: Per Wis. Stat. § 103.915(4), Wis. Stat. § 103.915(1)(a), and DWD 301.06(1e), the written recruiting disclosure statement and the migrant work agreement shall include the following:

**Wis. Stat. § 103.915(4):**

**(a)** A statement of the place of employment, kind of work available, applicable wage rates, pay period, approximate hours of employment including overtime applicable, term of employment including approximate beginning and ending dates, kind of housing and any charges in connection therewith, cost of meals if provided by the employer, transportation arrangements, the names of all persons in the family employed if a family is employed and any other charges or deductions from wages beyond those required by law.

**(b)** A guarantee of a minimum of 20 hours of work in a one-week period or a minimum of 64 hours of work in a 2-week period, the work to be the same as or similar to the kind of work specified in the work agreement. The work agreement shall clearly state whether the guarantee is on the basis of a one-week or 2-week period. In the case of a migrant worker employed exclusively in agricultural labor as defined in s. 108.02 (2), the guarantee shall be a minimum of 45 hours in each 2-week period, the work to be the same as or similar to the kind of work specified in the work agreement. The minimum guarantee shall be satisfied if the worker's earnings equal the number of hours guaranteed under this paragraph multiplied by the wage rate specified in the work agreement. The guarantee shall cover the period from the date the worker is notified by the employer to report for work, which date shall be reasonably related to the approximate beginning date specified in the work agreement, or the date the worker reports for work, whichever is later, and continuing until the final termination of employment, as specified in the work agreement, or earlier if the worker is terminated for cause or due to seriously adverse circumstances beyond the employer's control. If the beginning or ending period of employment does not coincide with the employer's pay period, the employer may reduce the guarantee for such beginning or ending period to an amount which is equal to the number of days in the beginning or ending period of employment multiplied by one-sixth of the guarantee if the employer's guarantee is on a weekly basis or multiplied by one-twelfth of the guarantee if the employer's guarantee is on a biweekly basis. If a worker is not available for work, the employer may reduce the minimum guarantee by an amount equal to the wages the worker would have earned if the worker had been available for work. This paragraph shall not apply to any person who is under the age of 18 years and who is a member of a household which contains a worker covered by a migrant work agreement under this section. The payment of the minimum guarantee under this paragraph shall be considered the payment of wages under ch. 108.

**(c)** A guarantee that the wages together with the other terms and conditions of employment are not less favorable than those provided by the employer for local workers for similar work.

**DWD 301.06(1e):**

(a) A description of cooking, bathing, laundry, and toilet facilities.

(b) A statement of the maximum number of persons to be accommodated in the following:

1. If the work agreement is for employment of a single person, the sleeping area to which the person will be assigned.

2. If the work agreement is for employment of a family, the housing unit to which the family will be assigned.

(c) The positions related to planting, cultivating, raising, harvesting, handling, drying, packing, packaging, processing, freezing, grading, or storing any agricultural or horticultural commodity in its unmanufactured state.

(d) Transportation costs, if any, paid by the worker.

(e) If the employer provides transportation for the worker, the specific mode of transportation, including the type of vehicle used.

(f) If the employer makes a payroll deduction for a travel or subsistence advance, the rate of the deduction.

In addition, per Wis. Stat. § 103.915(8), the recruiting disclosure statement shall be written in English and, if the customary language of the migrant worker is not English, in the language of the worker. Both the English and translated version should be maintained and available for inspection.

**For Worker to Complete**

At the time of recruitment, I was given a copy of the attached written recruiting disclosure statement that outlines the information required in the work agreement under Wis. Stat. § 103.915(4).	
<b>Worker Name (print)</b>	Worker Permanent Address
Worker Telephone Number	Worker Social Security Number
<b>Worker Signature</b>	<b>Date Signed</b>

**For Employer/Migrant Labor Contractor (MLC) to Complete**

At the time of recruitment, I provided the attached written recruiting disclosure statement that outlines the information required in the work agreement under Wis. Stat. § 103.915(4).	
<b>Employer/Migrant Labor Contractor Name (print)</b>	Employer/MLC Permanent Address
Place of Employment (List work site address) (If more than one address, attach a complete list)	Employer/MLC Telephone Number
<b>Employer/Migrant Labor Contractor Signature</b>	<b>Date Signed</b>

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 Division of Employment and Training at 888-258-9966 and press 6 to request information in an alternate format, including translated to another language.