

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave.
P.O. Box 7901
Madison, WI 53707
Fax: (608) 266-6827
<https://dwd.wisconsin.gov/wc>

Termination Notice of Employee Leasing Agreement Under s. 102.315(2e), Wis. Stats.

This form must be filed with the Wisconsin Worker's Compensation Division at least 30 days before the effective date of the termination by fax to 608-266-6827 or by mail to the address listed above.

COMPLETE ALL ITEMS OR THIS FORM WILL BE RETURNED TO YOU. If you have questions, call 608-266-3046.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

Employee Leasing Company Information

Employee Leasing Co. Name				
Employee Leasing Co. Mailing Address		City	State	Zip Code
Employee Leasing Co. Federal Employer Identification Number		Effective Date of the Termination of the Employee Leasing Agreement		
Employee Leasing Co. Rep. Name (Please Print)	Employee Leasing Co. Rep. Title		Employee Leasing Co. Rep. Telephone Number	
Employee Leasing Co. Rep. Signature	Employee Leasing Co. Rep. Email		Date Signed	

Client Information

Client Name				
Client Mailing Address		City	State	Zip Code
Client Federal Employer Identification Number				
Client Representative Name (Please Print)	Client Representative Title		Client Representative Telephone Number	
Client Representative Signature	Client Representative Email		Date Signed	