

**Wisconsin Retirement System (WRS)
P001 Termination - Employment or Retirement
Entry Form**

Please refer to the WRS Administration Manual for specific instructions. [Click here to view the manual.](#)

Employer:

Report Date: 03/14/2011

Agent Title:

Agent Name:

Employee's Indicative Data

Social Security Number: 123456789

First Name: Bill

Middle Initial: A

Last Name: Jones

Address: 123 Rocky Lane

City, State, Zip: Madison WI 53703

Coverage Data

Action/Termination Date: 02/28/2011 (mm/dd/ccyy)

Last Earning Date: (mm/dd/ccyy)

Employment Category:

Please select one

- 00 General Employment
- 01 Court Reporter

Earnings and Contributions

	Hours	Earnings
January to June Teachers/Judges/ Educ. Support personnel Only		
Calendar Year to Date (Jan-Dec)	280	4760.00

Deducted from Employee

Employee Required Contribution

Benefit Adjustment Contribution

Additional Contributions

	Fixed	Variable
Employee Paid:	700.00	
Employer Paid:		
Tax Deferred:		

Submit

Clear

Logout

Menu

NewEIN

**Wisconsin Retirement System (WRS)
P010 Employment Category Change with Money
Entry Form**

Please refer to the WRS Administration Manual for specific instructions. [Click here to view the manual.](#)

Employer:

Report Date: 03/16/2011

Agent Title:

Agent Name:

Employee's Indicative Data

Social Security Number: 987654321

First Name: Judy

Middle Initial: S

Last Name: Doe

Coverage Data

Action/Termination Date: 03/01/2011 (mm/dd/ccyy)

Last Earning Date: (mm/dd/ccyy)

Old Employment Category:
 10 Teacher
 11 Teacher, Executive Retirement Plan
 12 Education Support Personnel

New Employment Category:
 09 Local Elected Official
 10 Teacher
 11 Teacher, Executive Retirement Plan

Earnings and Contributions

Only report hours and earnings associated with the old category.

	Hours	Earnings
January to June Teachers/Judges/ Educ. Support personnel Only	320	5100.00
Calendar Year to Date (Jan-Dec)	320	5100.00

Deducted from Employee

Employee Required Contribution 255.00

Benefit Adjustment Contribution 40.80

Additional Contributions

	Fixed	Variable
Employee Paid:	<input type="text"/>	<input type="text"/>
Employer Paid:	<input type="text"/>	<input type="text"/>
Tax Deferred:	<input type="text"/>	<input type="text"/>

Contract Settlement/Prior Year

Department of Employee Total Funds
 WASHINGTON RETIREMENT SYSTEM
 P.O. Box 7521 - Madison, WI 53707-021

EMPLOYEE TRANSACTION REPORT

Report Date (MM/DD/YYYY) 12/31/10	Page No.	Employer Identifier No. XXXX-XXX
Employer Name EMPLOYER NAME		

Refer to your WRS Employer Administration Manual, Chapter 2 for current year transaction reporting, and Chapter 11 for reporting service and earnings for a year prior to the current year. Please print in dark, clear ink and numbers to avoid processing errors.

Social Security No. NAME (Last, First, Middle Initial) Street Address or P.O. Box City, State, ZIP	Emp. Cat.	Action Code	Termination/Action Date (MM/DD/YYYY)	Last Earnings Date (MM/DD/YYYY)	New Empl. Code	1-1-00 THRU 6-30-10 TO BE ADDED TO SUPPORT PERSONNEL		Calendar Year to Date		Deducted from Employee (IF APPLICABLE)				Asst. Cont. % X Pct.
						Hours of Service	EARNINGS Dollars Cents	Hours of Service	EARNINGS Dollars Cents	Employee Required Contribution Dollars Cents	Benefit Adjustment Contribution Dollars Cents			
SS# #1 XXX-XX-XXXX EMPLOYEE'S NAME EMPLOYEE'S ADDRESS	00	23	12/31/10						980	33				
SS# #2 XXX-XX-XXXX EMPLOYEE'S NAME EMPLOYEE'S ADDRESS	00	23	12/31/10						119	41				
SS# #3 XXX-XX-XXXX EMPLOYEE'S NAME EMPLOYEE'S ADDRESS	00	23	12/31/10						274	55	13	73	2	75
SS#														
SS#														
SS#														
PAGE TOTALS									1374	29	13	73	2	75

I understand that Wis. Stat. § 49.36 provides criminal penalties for knowingly making false or fraudulent claims on this form, and hereby certify that to the best of my knowledge and belief, the above information is true and correct.

Employer Agent Signature	Prepared by	Telephone No. (incl. ext.)	Date (MM/DD/YYYY)
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If the employee has made additional contributions, through payroll deduction, in this box and attach the Additional Contributions Report form ET-2535 detailing the contribution amounts. Refer to Chapter 12 of the WRS Administration Manual.