

EMPLOYEE TRANSACTION REPORT

Refer to your WRS Employer Administration Manual Chapter 9 for current year transaction reporting, and Chapter 11 for reporting service and/or earnings in a year prior to the current year. Please print/type in large, clear letters and numbers to avoid processing delays.

Report Date (MM/DD/CCYY)	Page No.	Employer Identification No. 69-036
Employer Name		

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/CCYY)	Last Earnings Date (MM/DD/CCYY)	New Empl. Code	1-1-XX THRU 6-30-XX TEACHERS/JUDGES/EDUC. SUPPORT PERSONNEL ONLY		Calendar Year to Date			Deducted from Employee (IF APPLICABLE)				* Add'l. Contr.? X if yes	
						Hours of Service	EARNINGS		Hours of Service	EARNINGS		Employee Required Contribution		Benefit Adjustment Contribution		
							Dollars	Cents		Dollars	Cents	Dollars	Cents	Dollars		Cents
SS#																
SS#																
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SS#																

I understand that Wis. Stat. § 943.395 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.

PAGE TOTALS

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

