EMPLOYER POWER OF ATTORNEY ASSIGNMENT

Be Aware That:

_____ , _____ , _____ ,
(Employer Name)   (UI Account #)   (FEIN #)

having its main office located at _____ ,
                                                    (Street Address, City, State & Zip Code)

_____ appoints _____ ,
(Telephone Number with Area Code)   (Name of Representing Company)

located at _____ , _____ ,
                  (Street Address, City, State & Zip Code)   (Telephone Number with Area Code)

as its attorney or representative with full power to represent the employer before the Wisconsin Unemployment Insurance Division. This representation applies to all matters affecting unemployment insurance including, although not limited to, all benefit claims, contributions, refunds, experience rating, hearings and appeals.

The employer further understands the Wisconsin Unemployment Insurance Division maintains three (3) separate and distinct mailing groups* which include:

Group I	UCB-16	Separation Notice
	UCB-23	Wage Verification/Eligibility Report
	UCB-20	Determination
Group II	UCT-14384-1-E	Unemployment Insurance Benefit Charges and Adjustments
Group III	UCB-719	Urgent Request for Wages
	UCB-701	Computation of Unemployment Insurance Benefits
	UCB-708	Notice of Changed Liability for UI Benefits
	UCT-101-E	Quarterly Contribution Report
	UCT-14384-E	Unemployment Insurance Reserve Fund Balance Statement
	UC-7823-E	Quarterly Wage Reports
	UCT-14309-E	Reimbursable Employer Monthly Statement

* Forms listed above must remain within the respective mailing group

The employer authorizes group(s) _____I, II_____ to be mailed to the representative's address listed above.
                                                 (List Group Number(s))

The remaining group(s) _____III_____ will be mailed to the employer's main office.
                                   (List Group Number(s))

By the signatures below, the employer known as _____ ,
                                                                        (Employer Name)

approves the above directions and voluntarily enters into this assignment on _____ ,
                                                                                                    (Date – mm/dd/yyyy)

at which time this assignment is effective and takes place of all previous assignments.

Authorized Signature: _____
                                    (Employer Signature)   (Date Signed – mm/dd/yyyy)

Printed Name & Title: _____
                                    (Print Name)   (Job Title)

Witnessed By: _____
                           (Witness Signature)   (Date Signed – mm/dd/yyyy)

Printed Name & Title: _____
                                    (Print Name)   (Job Title)