# CR 82-101

CERTIFICATE

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AUG 1 1 1982 Revisor of Statu... Bureau

STATE OF WISCONSIN

) ss

DEPARTMENT OF EMPLOYE TRUST FUNDS

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Gary I. Gates, Secretary of the Department of Employe Trust Funds, and custodian of the official records do hereby certify that the annexed repeal of rules relating to reporting to the Wisconsin Retirement System was duly approved by the Wisconsin Retirement Board and Employe Trust Funds Board and adopted by this department on August 10, 1982.

I further certify that this copy has been compared by me with the original on file in this department and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand at 201 East Washington Avenue, in the City of Madison, this \_\_\_\_\_ day of \_\_\_\_\_ durg

19 82.

Gary I. Gates, Secretar

Department of Employe Trust Funds

### ORDER OF THE DEPARTMENT OF EMPLOYE TRUST FUNDS

#### REPEALING RULES

To repeal Chapter Ret 3 relating to reporting to the Wisconsin Retirement System.

#### Analysis Prepared by the Department of Employe Trust Funds

This order is a houskeeping type of action to repeal rules which, due to the enactment of Chapter 96, Laws of 1981, are now covered by statute or conflict with statute, or are covered under other sections of the Wisconsin Administrative Code.

Section Ret 3.01 is related to ss. 40.03 (2) (j) and 40.06 (1) (c), Stats., s. Ret 3.11 is related to s. 40.03 (2) (f), (g), (h) and (m), Stats.; s. Ret 3.31 is related to s. 40.05 (2) (a), Stats., and conflicts with s. 40.06 (5), Stats.; s. Ret 3.32 is related to ss. 40.03 (1) (j), 40.06 (1) (d) and (e), and 40.06 (5), Stats.; s. Ret 3.41 is related to ss. ETF 1.01 (6) and ETF 4.01 (1), Wis. Adm. Code; and s. Ret 3.42 is related to s. ETF 4.01, Wis. Adm. Code.

Pursuant to authority vested in the Department of Employe Trust Funds by s. 40.03 (2) (i), Stats., as created by Ch. 96, Laws of 1981, the Department of Employe Trust Funds repeals rules interpreting ss. 40.03, 40.05 and 40.06, Stats., as created by Ch. 96, Laws of 1981, as follows:

SECTION 1. Chapter Ret 3 of the Wisconsin Administrative Code is repealed.

The repeal contained in this order shall take effect as provided in s. 227.026 (1) (intro.), Stats.

angust 11,1982

Gary I. Gates, Secretary
Department of Employe Trust Funds

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|                          | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Agency                   | Dept. of Employe Tru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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1981 Session

| FISCAL ESTIMATE                            |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 19                           | 1981 Session |                 |             |
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| Detailed Estimate of AD-MBA-22 (Rev. 11/80 |                            | XXoriginal<br>□corrected | ☐UPDATED K<br>☐SUPPLEMENTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | XXXX/Adm. Rule N<br>• Ret. 3 | 10.          | Am              | endment No. |
| Subject                                    | g to the Wiscor            | usin Retireme            | ent System.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                              |              |                 |             |
|                                            | Revenue Fluctuation        |                          | The state of the s | lo not ir                             | nclude in annualize          | d fi         | cal eff         | ect):       |
| None                                       |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                              |              |                 |             |
| II. Annualized Costs:                      | Note: Treat fiscal costs   |                          | Annu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | atized fiscal impac                   | t on State funds from:       |              |                 |             |
| A 04 4 0 0 - 4 1 1 1 0 0                   | vailable funds (+).        | '                        | ncreased Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Decreased Costs                       |                              |              |                 |             |
| A. State Costs by Ca                       |                            |                          | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | \$                           | +            |                 |             |
| Staff Support Co.                          |                            |                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                              | +            |                 |             |
|                                            | +                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                              |              |                 |             |
| Other State Costs                          |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                              |              | +               |             |
| Local Assistance                           |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     | ,                            |              | +               |             |
| Aids to Individua                          |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | +                            | -            |                 |             |
| TOTAL S                                    | tate Costs by Categor      | Y                        | ggg of California (S. 1 Life California) (S. 1 California (S. 1 Life California (S. 1 Life California (S. 1 Li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ -                                  | 0                            | \$           | +               | 0           |
| B. State Costs by So                       | urce of Funds              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | Increased Costs              |              | Decrea          | sed Costs   |
| GPR                                        |                            | \$ -                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                    | +                            |              |                 |             |
| FED                                        |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     |                              |              | +               |             |
| PRO/PRS                                    |                            |                          | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                              | +            |                 |             |
| SEG/SEG-S                                  |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                              | +            |                 |             |
| C. FTE Position Cha                        | nges                       |                          | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Increased Pos. ( 0 )                  |                              | Decr         | eased Pos.<br>0 |             |
| III. State Revenues-                       | rease or decrease state    |                          | Decreased Rev.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | Increa                       | ased Rev.    |                 |             |
| GPR Taxes                                  | revenues, such as taxes, l |                          | s -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                     | \$                           | +            |                 |             |
| GPR Earned                                 |                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                              |              | +               |             |
| FED                                        |                            | _                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | +                            |              |                 |             |
| PRO/PRS                                    | -                          | -                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                                     |                              |              |                 |             |
| SEG/SEG-S                                  | _                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                                     |                              |              |                 |             |
| TOTALS                                     |                            | \$ -                     | - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                    | +                            | 0            |                 |             |
|                                            | <del></del>                |                          | Impact on State & L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ocal Fu                               |                              | ·            |                 |             |
| State                                      |                            | Annual Decreases         | Local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | Annual Increases             |              |                 | Decreases   |
| Total Costs                                | \$ -                       | \$ +                     | Total Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | \$ -                         | - -          | \$ +<br>        |             |
| Total Revenues                             | +                          |                          | Total Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | es                                    |                              |              |                 |             |
| NET Impact<br>on State Funds               | \$ (+)<br>or<br>(-)        | None                     | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NET Impact \$ on Local Funds          |                              |              |                 | None        |
| Agency                                     |                            | Authorized Signatu       | Authorized Signature/Telephone No. Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                              |              |                 |             |

4-29-82



## State of Wisconsin \ DEPARTMENT OF EMPLOYE TRUST FUNDS

Gary I. Gates Secretary

201 EAST WASHINGTON AVENUE MADISON, WISCONSIN 53702 TELEPHONE 266-3285 AREA CODE 608

IN REPLY REFER TO:

Gary Poulson Assistant Revisor of Statutes 411 West, State Capitol Madison, WI 53702

RECEIVED

AUG 1 1 1982

Revisor of Statutes Bureau

Dear Gary

August 10, 1982

Re Ret 3, Wis. Adm. Code

Enclosed is a Certificate and two copies of an Order Repealing Rules. A certified copy of this order has also been forwarded to the Secretary of State.

Sincerely

Diane M. Bass Board Coordinator

(608) 266-5804

DMB/sb 2/A4