



Preferred Worker Wage Subsidy Agreement

If you have questions or need more help, contact the Preferred Worker Program in Salem, 503-947-7588; toll-free 800-445-3948; fax 503-947-7581.

Employer _____

Worker _____

New employer Employer at injury

Name: _____

Legal name: _____

Complete address: _____
(Street/P.O. Box, City, State, ZIP)

Doing business as: _____

Phone: _____

Complete address: _____
(Street/P.O. Box, City, State, ZIP)

WCD no.: _____
(see front of preferred worker card)

Phone: _____

Contact person(s): _____

Job at the time of injury: _____

Federal tax ID no.: _____

Date worker started job: _____

Worker's job title: _____

Estimate of wage subsidy amount (Note: This is an estimate only. Reimbursement to the employer will be based on gross wages actually paid during this agreement period.):

- a) **Estimated gross wages** to be paid the worker in 183 calendar days.
When estimating wages, include expected raises, holiday pay, paid leave, overtime, etc. \$ _____
- b) Line (a) divided by 2 equals the estimated total reimbursement..... \$ _____
- c) Date you prefer the wage subsidy to start: _____

| | | | |
|--|-------------|---------------------------|-------------|
| <i>By our signatures, we agree with the conditions on page 2 of this form.</i> | | | |
| Worker signature* | Date | Employer signature | Date |
| <small>*Not required if request is initiated by employer at injury</small> | | | |

This agreement is not valid until signed by an authorized representative of WCD.

| | | |
|---|-------------|-------------------|
| WCD USE ONLY | | Data entry |
| Wage subsidy effective dates: Start date: _____ End date: _____ | | |
| Program approval | Date | |

CONDITIONS OF THIS AGREEMENT

The employer will:

- 1) Maintain Oregon workers' compensation insurance coverage as long as the employer is a subject employer as defined by ORS 656.023.
- 2) Employ the worker according to the same business practices, policies, and agreements affecting all other employees.
- 3) Get the worker's signature on requests not initiated by the employer at injury.
- 4) Submit a completed *Wage Subsidy Reimbursement Request* to the Workers' Compensation Division (WCD) to obtain reimbursement. **All requests must be submitted within one year of the agreement end date or reimbursement will not be made.**
- 5) Repay all costs WCD incurred under this agreement, including all legal costs and attorney fees, if WCD finds the employer falsely obtained re-employment assistance or if WCD subsequently prevails in any legal action against the employer arising out of this agreement.
- 6) If you are the employer at injury, submit a job offer letter signed by the worker with this request. (To see an example of the Preferred Worker Job Offer Letter, Form 4903, go to www.wcd.oregon.gov/policy/bulletins/forms.html.)

The Workers' Compensation Division will:

- 1) Reimburse the employer 50 percent of the gross wages paid the worker for 183 days, as defined in OAR 436-110-0005. If the worker has an exceptional disability as defined in OAR 436-110-0005, the wage subsidy duration is 365 days with a reimbursement rate of 75 percent.
- 2) Reserve the right to visit the worksite and to inspect and copy employer records to verify employment of the worker and otherwise determine compliance with this agreement.
- 3) End this agreement at any time by written notice to the employer and the worker.

After signing this agreement:

Fax to 503-947-7581 or

Mail to Preferred Worker Program, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405