

# Preferred Worker Wage Subsidy Agreement

See OAR 436-110-0336; 436-110-0337 for more information. If you have questions or need more help, contact the Preferred Worker Program in Salem, 503-947-7588; 800-445-3948 (toll-free); fax 503-947-7581.

<p><b>Employer</b> _____</p> <p>New employer <input type="checkbox"/>      Employer at injury <input type="checkbox"/></p> <p>Legal name: _____</p> <p>Doing business as: _____</p> <p>Complete address: _____ (street/P.O. Box, city, state, ZIP)</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Contact person(s): _____</p> <p>Federal tax ID no.: _____</p> <p>Date worker started job: _____</p> <p>Worker's job title: _____</p>	<p><b>Worker</b> _____</p> <p>Name: _____</p> <p>Complete address: _____ (street/P.O. Box, city, state, ZIP)</p> <p>Phone: _____</p> <p>Email: _____</p> <p>WCD no.: _____ (see front of preferred worker card)</p>
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**Estimate of wage subsidy amount (Note: This is only an estimate. 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>			
<b>Worker signature*</b>	<b>Date</b>	<b>Employer signature</b>	<b>Date</b>
<small>*Not required if request is initiated by employer at injury</small>			

**This agreement is not valid until signed by an authorized representative of the Workers' Compensation Division.**

<b>WCD USE ONLY</b>		<b>Data entry</b>
Wage subsidy effective dates: Start date: _____ End date: _____		
<b>Program approval</b>	<b>Date</b>	

## 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 <http://wcd.oregon.gov/forms/Pages/forms.aspx>.)

### ***The Workers' Compensation Division will:***

- 1) Reimburse the employer 50 percent of the gross wages paid the worker for 183 days. 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**