

Stay at Work Wage Reimbursement Application for Employers

PO Box 44291
Olympia WA 98504-4291

Fax: 360-902-6100

Apply online at: Lni.wa.gov/MyL&I

Employer Information

Business Name	L&I Account Number
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Mail Reimbursement To		
Address Line 2		
City	State	Zip Code

Worker Information

Worker Name	L&I Claim Number
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Job Description Before Injury (<i>example: Warehouse Worker – produce packing</i>)
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Light Duty or Transitional Job Description (<i>example: Inventory Control Clerk</i>)
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Base wage for light-duty or transitional work \$ _____ per _____ (hour /day /week /month / other)	Did the employee work any graveyard or swing shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were the employee's wages based on a fixed salary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep track of the number of hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No

Your reimbursement request

Total number of days requested (employee actually worked light duty)	Total base wage paid this period for light duty or transitional work \$	50% amount you are requesting \$
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Required attachments (Write the claim number on each page. Don't send originals.)

<input type="checkbox"/> Payroll records (pay stubs) documenting the wages paid for all dates you requesting reimbursement.
<input type="checkbox"/> Daily timecards documenting the hours worked each day.
<input type="checkbox"/> Activity Prescription Form or chart notes with provider's restrictions (no need to attach if already in claim file).
<input type="checkbox"/> A light-duty job description approved by the attending provider.

Questions? Call 1-866-406-2482 or visit www.Lni.wa.gov/StayAtWork

Worker Name	L&I Claim Number
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What can I be reimbursed for?

Date of injury prior to 01/01/2025	50% of the worker's wages for to 66 days worked (max. \$10,000) per claim.
Date of injury on or after 01/01/2025	50% pf the worker's wages for up to 120 days worked (max. \$25,000) per claim.

Enter the light-duty days worked

Fill in the date, hours worked, and wages paid for each day. **For more than 40 days, use another copy of this page.** We do not reimburse for non-working days or days worked more than 1 year from the date we receive your application.

Date (mm/dd/yyyy)	Light-duty hours worked	Total daily wages paid	Date (mm/dd/yyyy)	Light-duty hours worked	Total daily wages paid
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		

Sign below to confirm the information on this form is true and accurate.

Printed name and title	Phone number in case we need to contact you
Signature	Signature Date

Fax completed form to 360-902-6100 or mail to the address above.

To apply for Stay at Work expense reimbursement, use L&I form [F243-003-000](#).

Questions? Call **1-866-406-2482** or visit www.Lni.wa.gov/StayatWork.