



PO Box 44291
 Olympia WA 98504-4291
 Fax: 360-902-6100

Stay at Work Expense Reimbursement Application for Employers (Tools & Equipment, Clothing, Training)

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>)
Light Duty or Transitional Job Description (<i>example: Inventory Control Clerk</i>)
Date the light-duty job was offered (verbal or written) to the worker

What can I be reimbursed for?

Date of injury prior to 01/01/2025	<ul style="list-style-type: none"> Tools and equipment up to \$2,500 per claim Training up to \$1,000 per claim Clothing up to \$400 per claim
Date of injury on or after 01/01/2025	<ul style="list-style-type: none"> Tools and equipment to \$5,000 per claim Training up to \$2,000 per claim Clothing up to \$1,000 per claim

For an expense to be eligible for reimbursement, it must be:

1. Necessary for the worker to perform the light-duty work.
2. Not normally provided to your employees. If the expense is typical for non-injured workers performing the job, L&I can't reimburse you.
3. Purchased on or after the date you offered the light-duty job to the worker.

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

Worker Name	L&I Claim Number
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Your reimbursement request

List the expenses. For more than eight items, use another copy of this page.

Date Purchased	Description of Item	Price
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total reimbursement you are requesting:		\$

Explain why the light-duty job required this purchase

Example: A sit/stand workstation allows the worker to return to work as a receptionist while meeting the worker's medical restrictions of alternating between sitting and standing at work.

Required attachments (Write the L&I claim number on each page. Don't send originals.)

<input type="checkbox"/> Dated, itemized receipt(s) for the goods or services you purchased.
<input type="checkbox"/> Activity Prescription Form or chart note with provider's restrictions (no need to attach if in claim file).
<input type="checkbox"/> A light-duty job description approved by the attending provider.

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 wage reimbursement, use L&I form [F243-001-000](#).

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