



# Preferred Worker Wage Reimbursement Application for Employers

Apply online at: [Lni.wa.gov/MyL&I](http://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

## Preferred worker Information

Preferred worker name	L&I claim number
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Preferred worker job description ( <i>example: Inventory Control Clerk</i> )
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Base wage for approved job \$ _____ 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 – Add up your totals from the table on the next page

Total number of days requested (working days only)	Total base wage paid this period \$ _____	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.

**Questions?** Call 1-800-845-2634 or visit [www.Lni.wa.gov/PreferredWorker](http://www.Lni.wa.gov/PreferredWorker).

Preferred worker name	L&I claim number
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**What can I be reimbursed for?**

Date of injury <b>prior to 1/1/2025</b>	50% of the worker's wages for up to 66 days worked (max. \$10,000) per certification period.
Date of injury <b>on or after 1/1/2025</b>	50% of the worker's wages for up to 120 days worked (max. \$25,000) per certification period.

**Enter the 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 cannot reimburse for non-working hours, or days worked more than 1 year from the date we receive your application.

Date (mm/dd/yyyy)	Hours worked	Total daily wages paid	Date (mm/dd/yyyy)	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 on page 1.

To apply for preferred worker expense reimbursement, use L&I form [F280-058-000](#).

Questions? Call 1-800-845-2634 or visit [www.Lni.wa.gov/PreferredWorker](http://www.Lni.wa.gov/PreferredWorker).