

Mail or fax completed forms to:

PO Box 44291
Olympia WA 98504-4291

Or fax to: 360-902-4567

Worker's name	Job of injury title	Claim number
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A. Request preferred worker status for injured worker

Vocational rehabilitation counselors (VRC) often complete this section. If you need assistance, contact your VRC or call the Preferred Worker Program at 1-800-845-2634.

Requirements injured worker must meet for preferred worker status. (State Fund workers only)

1. The worker's health care provider has permanently restricted the worker from returning to the work they were doing at the time of the injury.

Attach **one** of the following required documents:

- A completed and signed [Job Analysis](#) (L&I form F252-072-000) or [Employer's Job Description](#) (L&I form F252-040-000) for the job of injury showing the worker's health care provider's **permanent** disapproval.
- Medical information in the claim file clearly indicating that the worker is **permanently** restricted from performing the job of injury and specifying which duties the worker is unable to do.

2. The work restrictions given by the health care provider are supported by medical findings related to the accepted condition.

Attach this required document:

- Chart note or Independent Medical Exam (IME) containing medical findings related to accepted medical condition in claim (Large volumes of information are unnecessary.)

3. Further recovery is not expected, due to the worker's permanent loss of physical or mental function related to the accepted condition.

Attach this required document:

- Chart note, Activity Prescription Form (APF), or IME indicating the worker has either:
 - Completed treatment
 - OR
 - Is at or near maximum medical improvement.

Submitted by

Printed name of person submitting packet

If not worker, print job title and business or firm name

VRC provider number (if applicable)

Phone number

VRC ID number (if applicable)

VRC firm provider number (if applicable)

Submitter's signature (required)

Date (required)

Worker's name	Claim number
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B. Request approval of preferred worker job

Hiring employer completes this section. Need help? Call the Preferred Worker Program at 1-800-845-2634.

Hiring employer's business name	L&I account number
Employer's mailing address	
City	State Zip Code
Phone number	Fax number
Worker's new job title	Date of hire / Start date

- Does this worker currently have preferred worker status?
 Yes No (If 'No', apply on Part A of this form)
- For injuries prior to January 1, 2025, did the worker's health care provider approve the job?
 Yes No Not applicable. The date of injury is on or after January 1, 2025.
- Are you (the employer) in good standing with L&I?
 Yes No (To check, go to: www.Lni.wa.gov/Verify)
- Are you (the employer) 'self-insured' for workers' compensation coverage in Washington?
 Yes No Not sure what self-insurance is? Go to www.Lni.wa.gov/SelfInsurance

Required Attachments

- [Job Analysis](#) or [Employer's Job Description](#) — Consistent with work restrictions in the worker's L&I claim file. **For claims with a date of injury prior to January 1, 2025, the job must be approved by the injured worker's health care provider.**
- Formal job offer signed by the worker and employer.

Sign below to certify that the information on this form is true and accurate to the best of your knowledge.

_____ Printed name of employer	_____ Title
_____ Employer's signature (required of hiring employer)	_____ Date (required)
_____ Printed name of person submitting packet	_____ Print job title and business or firm name
_____ Submitter's signature (required)	_____ Date (required) Phone number

For more information about the Preferred Worker Program, go to www.Lni.wa.gov/PreferredWorker