



**Oregon**

Tina Kotek, Governor



Workers'  
Compensation  
Division

Department of Consumer  
and Business Services

## **BULLETIN NO. 189 (Revised)**

**June 28, 2023**

**To:** Workers' compensation insurers, self-insured employers, self-insured employer groups, service companies, and vocational rehabilitation organizations

**Subject:** Preferred Worker Program, Oregon Administrative Rules (OAR) 436-110

**This bulletin describes the types of assistance available through the Preferred Worker Program and how to use the attached forms to request assistance. The division is revising this bulletin and related forms to update the agency logo and contact information, replace gender-specific pronouns with gender-neutral terms, and make other non-substantive changes. This bulletin replaces Bulletin 189 dated Dec. 28, 2016.**

### **1. PREFERRED WORKER PROGRAM INTRODUCTION**

The Preferred Worker Program (program) promotes re-employment of qualified Oregon workers who meet the eligibility requirements under Oregon Administrative Rules (OAR) 436-110. Preferred workers can offer Oregon employers a chance to save money by hiring them. Some of the benefits of the program are premium exemption, claim cost reimbursement, wage subsidy, worksite modification, worksite creation, and a variety of purchases. Requirements for requesting assistance and reimbursement are also in OAR 436-110.

### **2. FORMS**

Download the forms described below from the division's website:

<http://wcd.oregon.gov/forms/Pages/forms.aspx>. Mail, fax, or deliver the forms as directed on the individual form.

**Preferred Worker Wage Subsidy Agreement, Form 2190:** This form is a written agreement between the worker, employer, and division that gives the conditions under which the program will reimburse the employer a portion of the worker's wages for a specific period. The worker and employer must complete the form and submit it to the division, unless the employer is the employer at injury. In that case only the employer at injury needs to sign the form.

**Preferred Worker Program Wage Subsidy Reimbursement Request, Form 2968:** The employer must use this form to request wage subsidy reimbursement. To request reimbursement, the employer must complete the form, attach the required payroll documentation, and submit it to the division. The employer must submit the request within one year of the wage subsidy agreement end date or reimbursement will be denied.

**Preferred Worker Employment Purchase Agreement, Form 2350:** This form is a written agreement that gives the conditions under which the division will reimburse expenses, or authorize funds, for assistance the worker needs to accept a job or continue employment. The worker and employer must complete the form and submit it to the division. If the employer is the employer at injury, only the employer needs to sign the form. If the purchases are for pre-employment expenses, only the worker needs to sign the form.

**Preferred Worker Moving Assistance Agreement, Form 3293:** This form is a written agreement between the worker and the division that gives the conditions under which the program will reimburse monies paid for moving assistance. The worker must complete and submit the form to the division for authorization.

**Preferred Worker Worksite Creation Agreement, Form 4122:** This form is a written agreement between the worker, employer, and division that gives the conditions under which the program will reimburse the employer for monies paid, or authorize funds for the purchase of necessary equipment, furnishings, or other items the employer needs to create a new job for the preferred worker. The employer and worker must complete the form and submit it to the division, unless the employer is the employer at injury. In that case only the employer at injury needs to sign the form.

**Preferred Worker Placement Assistance Agreement, Form 4875:** This form is a written agreement, between the worker and a vocational counselor or placement agency. This form is initiated by the worker and verifies that the worker authorizes use of their preferred worker benefits for placement services. The worker and counselor or placement agency must complete the form and submit it to the division.

**Preferred Worker Program Placement Payment Request, Form 5135:** The counselor or placement agency must use this form to request payment for placement assistance services provided, or for employment placement or retention incentive payments. To request payment, the counselor or placement agency must complete the form, attach a detailed invoice, and submit to the division. The counselor or placement agency must submit the request within one year of the placement assistance agreement end date or payment will be denied.

**Preferred Worker Program Quarterly Claim Cost Reimbursement Request, Form 3014:** The insurer must use this form to request claim cost reimbursement. To request reimbursement, the insurer must complete and submit the form to the division's Performance Section, Self-Insurance, Registration, and Reimbursements Team.

**Requesting reimbursement for approved employment purchases and worksite modifications:** No form is required to request reimbursement of employment purchases and worksite modifications. The person requesting reimbursement must send the division a legible copy of an invoice or receipt showing payment has been made for the items purchased, and include the preferred worker's name and the name of the person making the request. Requests must be submitted to the division within one year of the agreement end date, or reimbursement will be denied.

If you have questions about re-employment assistance, contact the Preferred Worker Program by phone 503-947-7588 or 800-445-3948 (toll-free), email [pwp.oregon@dcbs.oregon.gov](mailto:pwp.oregon@dcbs.oregon.gov), or fax 503-947-7581. You can also write the Preferred Worker Program, P.O. Box 14480, Salem, Oregon 97309-0405, or hand deliver to 350 Winter St NE, 2<sup>nd</sup> floor, Salem, Oregon 97301.

Preferred Worker Program rules are available on the Workers' Compensation Division's website: <https://wcd.oregon.gov/laws/Pages/current-rules.aspx>.



---

Sally Coen, Administrator  
Workers' Compensation Division

Attachments: [Form 2190](#) Wage Subsidy Agreement (Rev. 6/23)  
[Form 2968](#) Wage Subsidy Reimbursement Request (Rev. 6/23)  
[Form 2350](#) Employment Purchase Agreement (Rev. 6/23)  
[Form 3293](#) Moving Assistance Agreement (Rev. 6/23)  
[Form 4122](#) Worksite Creation Agreement (Rev. 6/23)  
[Form 4875](#) Placement Assistance Agreement (Rev. 6/23)  
[Form 5135](#) Placement Payment Request (Rev. 6/23)  
[Form 3014](#) Claim Cost Reimbursement Request (Rev. 6/23)

Distribution: WCD-LY, GovDelivery electronic mailing lists