WCD | Workers' Compensation Division
Department of Consumer and Business Services

Preferred Worker Program Wage Subsidy Reimbursement Request

Worker/employer information

Worker name: _____

WCD number: _____
(from front of preferred worker card)

Person completing form: _____

Phone: _____

Fax: _____

Employer legal name: _____

Federal tax ID number: _____

Complete mailing address (address to which check is to be mailed):

_____

_____

Instructions (See reverse side for helpful information.)

Please refer to the Approved Wage Subsidy Agreement for relevant wage information.

(1) Attach ***one legible copy*** of the worker's payroll record. The payroll record must include the date of payment, dates of work covered by the payment, the rates of pay, gross wages, the regular work hours worked and pay for those hours, the overtime hours worked and pay for those hours.

(2) Employer **must sign and date** each **reimbursement request.**

(3) All requests must be made within **one year** of end date of the agreement.

(4) Keep one copy of this completed **reimbursement request** for your records.

(5) Fax a copy of this reimbursement request and all payroll records for this pay period to 503-947-7581. If you prefer, you can mail the information to:
Preferred Worker Program, Workers' Compensation Division, P.O. Box 14480, Salem, OR 97309-0405.

(6) The wages for reimbursement must be earned during the agreement start date of _____ and end date of _____ .

Reimbursement information

(A) Wages paid from _____ through _____

(B) Gross wages $ _____

(C) Is this your final request? ☐ Yes ☐ No

I certify all amounts shown **have been paid to the worker** for the period indicated, workers' compensation insurance coverage has been in place for this period, and reimbursement for this period has not been previously requested.

_____ _____
Employer signature Date

Complete this box when agreement is interrupted.
A wage subsidy may be interrupted **ONCE** for reasonable cause on a whole-workday basis. A layoff must be a minimum of 10 consecutive days.

Reason for interruption:

_____

Interruption dates:

From: _____ To: _____

Reinstated on: _____

For department use only

Gross wages $ _____ **X 50% = Reimbursement $** _____

Department approval

_____ _____
Signature Date

Interruption extended to: _____
Date

440-2968 (6/23/DCBS/WCD/WEB)

How do I get paid?

There is an end date listed at the bottom of page 2 of the Wage Subsidy Agreement. You have to request all your reimbursements no later than one year after that end date.

When WCD approved the Wage Subsidy Agreement, you were sent a copy of the agreement and one Wage Subsidy Reimbursement Request form. Blank copies of the Wage Subsidy Reimbursement Request (Form 2968) can also be downloaded from WCD's website: https://wcd.oregon.gov/forms/Pages/forms.aspx.

When you want to get reimbursed for the gross wages you paid the worker, complete and sign the front of this form and send it to WCD along with the worker's payroll records. Most employers fax this to WCD at 503-947-7581, but you can also mail it to the P.O. Box listed on the front of this form or hand-deliver it to 350 Winter St NE, Salem, Oregon 97301.

Payroll records need to include the worker's name, the pay period, the wage rate, and the worker's gross wages. If the payroll period is outside the start or end dates of the approved wage subsidy, WCD will prorate the wages and make sure you get your correct reimbursement.

A wage subsidy can be interrupted once for a "reasonable" cause. Examples include the worker being sick, illness in the family, or parental leave. If there is a layoff, it must last at least 10 consecutive workdays. There is a box on the front of this form to complete for an interruption. The Wage Subsidy Agreement is extended by the number of days of the interruption.

Timely administration of program benefits to the parties is a priority. WCD will contact you for clarification if there are any questions about the documentation you have provided. If you have any questions about the wage subsidy or reimbursement, call the Preferred Worker Program at 800-445-3948.