Workers' Compensation Division
Department of Consumer and Business Services

Preferred Worker Moving Assistance Agreement

See OAR 436-110-0345(2)(f) for more information. If you have questions or need more help, contact the Preferred Worker Program by phone 503-947-7588 or 800-445-3948 (toll-free); fax 503-947-7581.

Employer

Legal name: _____

Doing business as: _____

Complete address: _____
(street/P.O. Box, city, state, ZIP) _____

Phone: _____

Email: _____

Contact person(s): _____

Federal tax ID no.: _____

Worker

Name: _____

Complete address: _____
(street/P.O. Box, city, state, ZIP) _____

Phone: _____

Email:

WCD no.: _____
(from front of preferred worker card)

Date worker started new job: _____

Worker's job title: _____

The Workers' Compensation Division (WCD) and worker agree to the following:

***1) The Workers' Compensation Division reserves the right to*:**

a) Visit the worksite and inspect and copy employer records to verify employment of the worker and otherwise determine compliance with this agreement.

b) End this agreement at any time by written notice to the employer and the worker.

***2) The worker will*:**

a) Send WCD a legible copy of an invoice or receipt indicating what was purchased. **All reimbursement requests must be submitted within one year of the agreement end date.**

b) Purchase only those items and services listed in the approved *Employment Purchase Agreement.*

c) Repay all costs incurred by WCD under this agreement, including all legal costs and attorney fees, if WCD finds the worker falsely obtained re-employment assistance or if WCD subsequently prevails in any legal action against the worker arising out of this agreement.

After completing the back of this request, sign it, attach any required receipts, and:

Fax to 503-947-7581 or
Mail to Preferred Worker Program, P.O. Box 14480, Salem, OR 97309-0405

Worker name: _____

Description of Assistance					Price
Moving expense **(Include copy of estimate.)**	Moving company or truck rental address(es):				$
					$
					$
					$
Rental allowance **(Include copy of signed rental agreement.)**	Landlord's name, address, and phone:				
	First month's rent				$
	Nonrefundable deposits (if required)				$
***Mileage** *Approximate mileage from current or previous home address to new employer address must be 50 or more miles.	Current home address:		WCD USE ONLY **Miles**	**Rate**	
	New employer address:				$
Temporary lodging	Name and address of lodging:		**Days**	**Rate**	
	Lodging:				$
	Room tax:				$
Per diem for food allowance			**Days**	**Rate**	
					$
				Total agreement amount:	**$**

By my signature, I understand that if I knowingly misrepresent information or otherwise falsely obtain assistance under this agreement, I can be sanctioned under OAR 436-110-0900. WCD assumes no liability for injuries or damages caused by any employment purchase.

_____ _____

Worker signature **Date**

This agreement is not valid until signed by an authorized representative of WCD.

WCD USE ONLY

Maximum approved under this agreement $ _____

Effective date: _____ **End date:** _____

_____ _____

Program approval **Date**

Data entry