Workers' Compensation Division
Department of Consumer and Business Services

Preferred Worker Placement Assistance Agreement

See OAR 436-110-0345(4) 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.

Worker

Name: _____
Address: _____
City, state, ZIP: _____
_____
Phone: _____
Email: _____
WCD no.: _____
(from front of preferred worker card)

Counselor/contractor

Business name: _____
Staff contact: _____
Address: _____
City, state, ZIP _____
Phone: _____
Email: _____

Description of services to be provided: | **Estimated hours**

Total:	

Will assistance include employment placement services? ☐ **Yes** ☐ **No**

Please confirm with the Workers' Compensation Division's Preferred Worker Program that placement benefit is available for this worker.

Agreement:

The contractor is a representative of a public or private agency that provides employment placement services, or is a certified vocational counselor. The contractor holds a license or certification required by law to perform these services. The contractor will advise the Workers' Compensation Division immediately if such license or certification becomes invalid for any reason.

By my signature, I agree to the conditions on page 2 of this form.

Contractor signature | **Certification no., if applicable** | **Date**

By my signature, I understand I am authorizing use of my benefits for placement services and agree to the conditions on page 2 of this form.

Worker signature | **Date**

Fax to 503-947-7581 or mail to Workers' Compensation Division, Preferred Worker Program, P.O. Box 14480, Salem, OR 97309-0405

This agreement is not valid until signed by an authorized representative of the Workers' Compensation Division.

WCD USE ONLY

Maximum approved under this agreement: $ _____ _____

Placement assistance effective dates: Start date: _____ **End date:** _____

Program approval | **Date**

Data entry

CONDITIONS OF THIS AGREEMENT

The contractor will:

1) Provide placement assistance one on one by contractor staff, going beyond online, group, or self-service options.
2) When requesting payment for the above services, provide a detailed invoice of services provided along with a completed Placement Payment Request form and all information necessary to verify the worker's employment, if applicable. All requests for reimbursement must be made within one year of the end date of this agreement.

The worker will:

1) Take an active role in their placement services.
2) Follow through on all requests from the contractor.

The Workers' Compensation Division will:

1) Provide payment for job search skills and placement services up to the maximum available for the worker.
2) Provide payment on the following scale:
    a) $85 per hour for placement assistance services.
    b) $42.50 per hour for travel related to placement assistance services.
    c) $500 for placement in verified employment under OAR 436-110-0310.
    d) $500 if the worker remains in that employment for 30 or more days.