

Department of Labor and Industries
 PO Box 44324
 Olympia WA 98504-4324
 1-800-845-2634 or (360) 902-6763
 TDD (360) 902-5797
 FAX (360) 902-6706



INTENT TO HIRE PREFERRED WORKER

EMPLOYERS:

- To benefit from the Preferred Worker Program, you must send this form and the job description on the reverse **within 60 days** of the date of hire. The job description must show the physical requirements of the job you are offering. To expedite, fax to the number above.

WORKER'S SECTION

Worker's Name	Social Security Number	Claim Number
Worker Phone #	PW's Certification #	

EMPLOYER'S SECTION

When you hire a Preferred Worker:

- Your industrial insurance account will not be charged for claim costs if the Preferred Worker is injured or contracts an occupational disease during the certification period.
- You will be exempt from paying Accident Fund and Medical Aid Fund premiums **for the Preferred Worker** during the certification period. You must report hours and pay your portion of the Supplemental Pension fund premiums for the Preferred Worker. **You must still pay all premiums for all other employees.**
- You must notify the Department of Labor and Industries on your next quarterly report if the Preferred Worker leaves your employ within the certification period.

The Preferred Worker Risk Classification is 7204.

Employer's Business Name	UBI (state tax #)	L&I Account Number
Nature of Employer's Business		Paid OJT approved by L&I? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Mailing Address		Employer's Phone #
		Employer's FAX #
Worker's job title	Date of Hire	Today's Date

I intend to hire this Preferred Worker. I certify that I was not the employer at the time of injury and that I am not affiliated in any way with the employer at the time of injury. I also certify that the attached job description accurately represents the job duties this worker will be asked to perform. I will not ask this worker to perform any job duties or tasks that exceed the physical limitations or restrictions reported to me by the worker.

Employer's Signature:	Employer's name (please print)
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L&I USE ONLY. 7204 cannot extend beyond the certification period end date on RPWO.

Class Code	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	PW's Certification Period:		Start Date for Preferred Worker (Code 7204)	Date
		Begins:	Ends:		

