

Department of Labor and Industries
 PO Box 44324
 Olympia WA 98504-4324
 1-800-845-2634 or (360) 902-6763
 TDD (360) 902-5056
 FAX (360) 902-6706



INTENT TO HIRE PREFERRED WORKER WITH DEVELOPMENTAL DISABILITIES

EMPLOYERS:

- To benefit from the Preferred Worker Program, if you are the employer of record and are re-employing a worker with a developmental disability, you must do both of the following:
 - Send this completed form to the address above **within 60 days** of re-employment. To expedite, fax to the number above.
 - Submit with this form documentation that establishes the worker's developmental disability.

WORKER'S SECTION

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

EMPLOYER'S SECTION

When you re-employ 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		Employer's Phone #
Employer's Mailing Address		Employer's FAX #
		E-mail Address
Worker's Job Title	Date of Re-Employment	Today's Date
I intend to re-employ this worker. I certify that the attached job description accurately represents the job duties this worker will be asked to perform.		
Employer's Signature:	Employer's name (please print)	

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 # and Period: Begins: Ends:	Start Date for Preferred Worker (Code 7204)	Date
			Department of Labor & Industries Approval Signature	

