



PO Box 44291
 Olympia WA 98504-4291
 Fax: 360-902-6100

Preferred Worker Expense Reimbursement Application for Employers (Tools & Equipment, Clothing)

Apply online at: Lni.wa.gov/MyL&I

Employer information

Business name	L&I account number
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Mail reimbursement to		
Address line 2		
City	State	Zip code

Preferred worker information

Preferred worker name	L&I claim number
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Preferred worker job description (<i>example: inventory control clerk</i>)
Date the approved job was offered to the worker

What can I be reimbursed for?

Date of injury prior to 1/1/2025	<ul style="list-style-type: none"> Tools and equipment up to \$2,500 per certification period Clothing up to \$400 per certification period
Date of injury on or after 1/1/2025	<ul style="list-style-type: none"> Tools and equipment up to \$5,000 per certification period Clothing up to \$1,000 per certification period

For an expense to be eligible for reimbursement, it must be:

1. Necessary for the worker to perform the approved work.
2. Not normally provided to your employees. If the expense is typical for non-injured workers performing the job, L&I can't reimburse you.
3. Purchased on or after the date you offered the worker the job.
4. Purchased within 60 days of the preferred worker's employment.

Questions? Call 1-800-845-2634 or visit www.Lni.wa.gov/PreferredWorker

Preferred worker name	L&I claim number
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Your reimbursement request

List the expenses. For more than eight items, use another copy of this page.

Date purchased	Description of item	Price
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total reimbursement you are requesting:		\$

Explain why the approved job required this purchase

Example: A sit/stand workstation allows the worker to return to work as a receptionist while meeting the worker’s medical restrictions of alternating between sitting and standing at work.

Required attachments (Write the L&I claim number on each page. Don’t send originals.)

Dated, itemized receipt(s) for the goods or services you purchased.

Sign below to confirm the information on this form is true and accurate.

Printed name and title	Phone number in case we need to contact you
Signature	Signature date

Fax completed form to 360-902-6100 or mail to the address on page 1.

To apply for preferred worker wage reimbursement, use L&I form [F280-059-000](#).

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