

**Employer-at-Injury Program (EAIP)  
 Worksite Modification and Return-to-Work  
 Purchase Justification Form**

<b>Worker Information</b>	
Name:	Date of Injury:
Claim Number:	Social Security Number:
<b>Payee Information</b>	
Payee Name:	Contact Name:
Mailing Address:	City/State/Zip Code:
Phone Number:	Federal Tax Identification Number and Legal Name:
<b>Medical Information</b>	
Cited Restrictions:	Hours Restricted: Yes _____ No _____
<b>Job Information</b>	
Regular Job Title:	Transitional Job Title:
Describe the Regular Job/Duties:	
Describe the Transitional Job/Duties:	
Start Date of Transitional Work:	
<b>Itemized List of Purchases:</b> (Employer-at-Injury Program Specialist will determine eligibility.) <b>A. Worksite Modifications:</b> \$2,500 per program. The justification must explain how the purchase enabled the worker to work within their limitations. <b>B. Return-To-Work Purchases:</b> Tools/equipment \$2,500; Tuition/books \$1000; Clothing \$400. The justification must prove the item purchased is required for the transitional job and that anyone would need the item to do the job regardless of the restrictions. Purchase can be the creation of a work-site.	
Item: _____ Order Date: _____ Delivery Date: _____ Item Cost: _____ Justification (Circle A or B): _____ _____ _____ _____	
Item: _____ Order Date: _____ Delivery Date: _____ Item Cost: _____ Justification (Circle A or B): _____ _____ _____ _____	
<b>Totals: A = \$ _____ B = \$ _____</b> Completed By SAIF Total Allowed: \$ _____	

Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Only needed if the employer completed the form

## Purchase and Worksite Modification Checklist

**Verify that eligibility requirements are met**

**Eligibility requirement for the Employer-at-Injury Program**

The Employer:

- Must maintain Oregon workers' compensation insurance coverage.
- Must be the employer-at-injury. Employer-at-injury means the organization that employed the worker when the worker sustained the injury or occupational disease, or made the claim for aggravation, or requested an Own Motion opening.
- Must be re-employing an eligible worker while the worker's claim is open.

The Worker:

- Must have an accepted or deferred Oregon workers' compensable injury or occupational disease.

**Qualifying medical release:**

- A. A medical release that states the worker's specific restrictions; or
- B. A statement by the medical service provider that indicates the worker is not released to regular employment accompanied by an approval of a job description, which includes the job duties and physical demands required for the transitional work.

**Claim status**

The claim must be accepted or deferred when the purchase is ordered.

**Worker must comply with work restrictions**

The worker must work within the physical and hourly restrictions set by doctor. It is the employer's responsibility to inform the worker about the need to comply with the work restrictions. Any days exceeded will not be eligible.

**The purchase is reasonable**

The insurer and/or Workers' Compensation Division has the discretion to deny any reimbursement it determines is not **reasonable**, **practical**, or **feasible** or considers an abuse of the program.

**Verify all purchases have been ordered during the eligible EAIP period**

**Determine what benefit to access:**

**Return-To-Work Purchases:** Required for the transitional job and not normally provided by the employer. It is not specific to injured worker's restrictions or limitations. Anyone would need the item to do the job. The purchases become the employer's property upon the end of the Employer-at-Injury Program (with the exception of the clothing).

**Worksite Modifications:** Worksite modification (WSM) means altering a work site by renting, purchasing, modifying or supplementing equipment to enable a worker to perform the transitional work within the worker's limitations. The WSM becomes the employer's property upon the end of the Employer-at-Injury Program.

**Include the following attachments with your completed F3311:**

1. Qualifying medical release(s) per OAR 436-105-0500 (5)(b) (A) (B)
2. Itemized invoice and/or receipt showing proof of payment, proof of the order date, and proof of the delivery date for all purchases
3. If the medical service provider gave an hour restriction, time cards showing worker complied must be provided.

**\*\*Purchases are not guaranteed for reimbursement\*\***