

**KEPT ON SALARY AGREEMENT**

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| Date:  |  |  |

Washington State

Department of Labor and Industries

PO Box 44291

Olympia, Washington 98504

Regarding:

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| Claimant:  |  |  |
| Date of Injury:  |  |  |

Dear Claim Manager,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer Name) has a Kept-on-Salary (KOS) Policy. The Claimant will be kept on salary during time missed from work due to the injury or occupational disease only. The Claimant’s healthcare provider must certify that the condition is work-related, and the Claimant is unable to work due to the injury or occupational disease. We do not consider time missed for medical follow-up or other claim related appointments (aside from authorized vocational services) as time missed from work due to the injury or occupational disease. If the described medical certification restricts the number of hours the worker may perform his/her daily tasks, the Claimant will be compensated for the remainder of his/her regular scheduled shift.

The Claimant will be kept on salary without using any benefits described in RCW 51.32.090 (8) as not meeting the definition of kept on salary, including: Holiday Pay, Vacation Pay, Sick Leave, Bereavement Pay, Shared Leave, Severance Pay, Paid Time Off.

**Start Date:** Three (3) days after the Date of Injury, unless he/or she is unable to work due to the injury or occupational disease on the 14th day following the Date of Injury. A review will be done on the 14th day to issue payment for the first three days following the Date of Injury, if necessary. Hours missed on the date of injury itself will not be paid for by the Employer of Record.

**End Date:** Thirty (30) days after the Date of Injury or until the Claimant returns to work on Light Duty, Modified Duty, the Job of Injury, or is released to his/her job of injury with a valid Activity Prescription Form from the attending physician, whichever occurs first. Please consider this letter notice to the Department that wages and benefits will stop *after* the 30th day following the Date of Injury. If the worker contends lost wages on or after the 31st day, please allow time-loss benefits, if appropriate and medical certification is provided.

We understand the Claimant will be issued contended time-loss if he/she tells the Department regular wages and benefits are not being paid. We understand and agree that if time-loss is paid for this reason, we will be required to provide documentation to the department showing regular wages and benefits have continued without interruption.

Thank you for your consideration. **Please feel free to contact Stop Claims Corp., our Third-Party Claim Administrator at (425) 954-8863 with any questions or concerns.**

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| Sincerely, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed  |  |  |  |