



**DEPARTMENT OF CORRECTIONS
Employee Services**



Title:	EAIP Funds	DOC Policy: 20.6.17
Effective:	2/10/26	Supersedes: 8/8/08
Applicability:	All employees, contractors and volunteers	
Directives Cross-Reference:	ORS 656.622 DOC Policy 20.5.17 Injured Workers	
Attachments:	EAIP Fund – Request for Purchase (CD 1485)	

I. PURPOSE

To establish procedures for the acquisition and appropriate use of EAIP-generated funds by Department of Corrections functional units.

II. DEFINITIONS

- A. Department Worksites: Any facility, or staff or community corrections office operated by the Department of Corrections.
- B. EAIP – Employer at Injury Program: A program administered by SAIF Corporation (Oregon’s State Accident Insurance Fund) that provides financial incentives for employers to bring workers with work-related injuries or illnesses back to work in a modified work position.
- C. Modified Work Position: A position designed to give an employee meaningful work while recovering from an injury or illness. These are not permanent assignments or duties, but modified duty assignments designed to meet temporary restrictions placed on the employee by the treating physician.

III. POLICY

- A. Workers’ Compensation Specialist will:
 - 1. Work with SAIF to determine eligibility for placement in the injured worker program (see also DOC Policy 20.5.17 Injured Workers);
 - 2. Track which employees in modified work positions are eligible for EAIP fund reimbursement; and
 - 3. After the employee finishes their modified work assignment:
 - a. Complete the SAIF EAIP Wage Subsidy Request Form listing the department’s Safety and Wellness Administrator or designee as the payee name under the employer information section; and

- b. Send it, along with all required attachments, to SAIF.
- B. Department of Corrections Safety and Wellness Administrator or designee will:
1. Coordinate with institutions and department worksites to ensure all locations are participating in EAIP;
 2. Establish and maintain the department's Workers Benefit Fund, in accordance with ORS 656.622 (11);
 3. Forward EAIP fund checks to the department's Central Accounting unit for deposit into the Workers Benefit Fund;
 4. Track the amount of money received, and approve all requests by institutions to use funds from the Workers Benefit Fund; and
 5. Audit annually to ensure funds were maximized to their fullest extent.
- C. Allowable Uses of the Workers Benefit Fund
1. Fund statewide safety team meetings;
 2. Fund other safety-related training and meetings;
 3. Safety Program Support: Institutions, department worksites, and community corrections may use funds to support safety program needs.
 - a. Non-Disposable Equipment: Includes purchase of items such as, computers or personal protective equipment that is not single use (such as, durable gloves or reusable ear protection);
 - b. Supply Items: Funds may be used for initial purchases of safety supplies, but on-going replenishment must come from the departmental operational funds.
 - c. Exclusions: Funds are not to be used for the purchase of disposable items such as latex gloves, ear plugs.
 4. Hazard Correction Projects: At the discretion of the department's Safety and Wellness Administrator or designee, may fund projects that directly address hazards resulting in workplace injuries.
 5. Wellness Initiatives: Funds may support individual wellness initiatives at Department of Corrections facilities.
- D. Fund Use Process
1. All purchase requests must be submitted using the EAIP Fund – Request for Purchase form (CD 1485) and charged to the EAIP cost center.
 2. Requests will be filled out by the institution or department worksites requesting the use

of funds and submitted to the institution or department worksite Safety Liaison.

3. The institution or department worksite Safety Liaison must submit the EAIP Fund – Request for Purchase form (CD 1485) to the department’s Safety and Wellness Administrator or designee.
4. The department’s Safety and Wellness Administrator or designee will review all requests.
5. If the purchase request is denied, the department’s Safety and Wellness Administrator or designee will return it to the institution, department worksites, or community corrections office with explanation for the disapproval.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: signature on file

Julie Vaughn, Rules Coordinator

Approved: signature on file

Michael Reese, Director



EAIP FUND - REQUEST FOR PURCHASE

Send completed form to: [Safety Program](#)

SHIP TO:	_____
ADDRESS:	_____
DATE REQUESTED:	_____
DELIVERY DATE REQUIRED:	_____
EAIP FUND:	11200210

VENDOR INFORMATION

NAME:	_____	
ADDRESS 1:	_____	
ADDRESS 2:	_____	
CITY, STATE, ZIP	_____	
PHONE NO:	_____	FAX NO: _____
CONTACT PERSON:	_____	
FIN # (Federal Identification Number):	_____	DATE CONTACTED: _____

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL
ORDER #:		SHIPPING AND HANDLING			
				TOTAL	

REQUESTED BY:	PHONE:
TITLE:	DATE:

DATE:
APPROVED BY: (Safety and Wellness Administrator or designee only)