



**2017-2018 SAFETY CREDIT APPLICATION**

**SECTION 1 - TO BE COMPLETED BY DISTRICT**

District Name:	Contact:	Phone No:
	Title:	E-mail:

Description of Activity/Purchase:

Anticipated Benefits:

Please include the following:

- Fully completed application
- Detailed invoice showing date and amount paid
- Proof of payment (i.e. warrant register, copy of the warrant, general ledger, credit card statement, etc.)
- Proof of attendance to a SISC Bloodborne Pathogen (BBP), and Injury and Illness Prevention Program (IIPP) training within the last 3 fiscal years. In lieu of attendance you may submit your BBP and IIPP documents for review to SISC; if the documents are in compliance with current OSHA standards, this will be accepted as meeting this requirement
- Resolution regarding Workers' Compensation Coverage for volunteers
- Reviewed SISC I Safety Credit Program Policies & Guidelines (<http://sisc.kern.org/rm/safety-credits/>)

**NOTE: Application(s) and supporting documentation must be submitted by June 1, 2018.**

<b>District Representative Signature</b>	<b>Title</b>	<b>Date</b>
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**SECTION 2 - SISC STAFF**

Proof of IIPP, BBP Training received	<input type="checkbox"/> Yes <input type="checkbox"/> No	SISC Finance Use Only
Safety credit application approved as submitted. Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of supporting documentation received (i.e., invoice and check copy).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SISC Staff Signature	Date
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Application submitted for payment Date	Available Credit	SISC Finance Use Only	
Safety Credit Application Number WC-	Amount Paid		Date Paid
Claim Amount	Remaining Credit		Check No.