



**WORKERS' COMPENSATION
2023-2024 SAFETY CREDIT APPLICATION**

SECTION 1 - TO BE COMPLETED BY DISTRICT

District Name:	Contact:	Phone No:
	Title:	E-mail:
Description of Activity/Purchase:		
Anticipated benefits that may help reduce employee work related claims:		Application Total: \$
Please include the following: <input type="checkbox"/> Fully completed application <input type="checkbox"/> Detailed invoice showing date and amount paid <input type="checkbox"/> Proof of payment (i.e. warrant register, copy of the warrant, general ledger, credit card statement, etc.) <input type="checkbox"/> Proof of attendance at a SISC Bloodborne Pathogen (BBP), and Injury and Illness Prevention Program (IIPP) employer 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 <input type="checkbox"/> Resolution regarding Workers' Compensation Coverage for volunteers <input type="checkbox"/> Reviewed SISC I Safety Credit Program Policies & Guidelines (https://sisc.kern.org/rm/safety-credits/)		
NOTE: Application(s) and supporting documentation must be submitted by May 31, 2024.		
District Representative Signature	Title	Date

SECTION 2 - TO BE COMPLETED BY SISC STAFF

Proof of BBP, IIPP 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	
Application submitted for payment Date	Available Credit	
Safety Credit Application Number WC -	Amount Paid	
Claim Amount	Remaining Credit	