



**WORKERS' COMPENSATION  
2024-2025 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: \$
<p>Please include the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully completed application</li> <li><input type="checkbox"/> Detailed invoice showing date and amount paid</li> <li><input type="checkbox"/> Proof of payment (i.e. warrant register, copy of the warrant, general ledger, credit card statement, etc.)</li> <li><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</li> <li><input type="checkbox"/> Resolution regarding Workers' Compensation Coverage for volunteers</li> <li><input type="checkbox"/> Reviewed SISC I Safety Credit Program Policies &amp; Guidelines (<a href="https://sisc.kern.org/rm/safety-credits/">https://sisc.kern.org/rm/safety-credits/</a>)</li> </ul>		
<b>NOTE: Application(s) and supporting documentation must be submitted by May 30, 2025.</b>		
<b>District Representative Signature</b>	<b>Title</b>	<b>Date</b>

**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	