



2007-2008 SAFETY CREDIT APPLICATION

SECTION 1 - TO BE COMPLETED BY DISTRICT		
District Name:	Contact: Title:	Phone No.: Fax No.:
Description of Activity/Purchase:		
Anticipated Benefits:		
If not previously submitted, attach verification of the district's Injury and Illness Prevention Program (IIPP), Bloodborne Pathogens Exposure Control Plan, and Resolution regarding workers' compensation coverage for volunteers.		
NOTE: Application(s) and supporting documentation must be submitted by June 1, 2008.		
_____	_____	_____
District Representative Signature	Title	Date

SECTION 2 - SISC STAFF ONLY	
Copies of the district's IIPP, Bloodborne Pathogens Exposure Control Plan, and Workers' Compensation Resolution are on file at the SISC office. <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	
*Reason not approved: _____	

_____	_____
SISC Staff Signature	Date
Application submitted for payment Date _____	Available Credit _____
Safety Credit Application Number WC- _____	Other Charges _____
Claim Amount _____	Amount Paid _____ Date Paid _____
	Remaining Credit _____ Check No. _____