

# Office Of The Treasurer & Tax Collector

## City and County of San Francisco

Mailing Address: P.O. Box 7426 ❖ San Francisco, CA 94120-7426

Street Address: 1 Dr. Carlton B. Goodlett Place ❖ San Francisco, CA 94102-0917



I have received and read the following:

1. DWC – Form 1, “Employee’s Claim for Workers’ Compensation Benefits”
2. Important Information about Workers' Compensation
3. CCSF Medical Provider Network (MPN)
4. List of locations for Medical Treatment

I understand that I must report all work-related accidents, exposures, injuries and/or illness to my supervisor.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
DSW #

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date