

**SISC I WORKERS' COMPENSATION
BAKERSFIELD CITY SCHOOL DISTRICT
MEDICAL PROVIDER NETWORK
EMPLOYEE HANDBOOK, INSTRUCTIONS & DWC-1 FORM
ACKNOWLEDGEMENT**

I have received and agree to the following:

1. Medical Provider Network (MPN) Employee Handbook
2. Employee Instructions
3. Workers' Compensation Claim Form DWC-1 Form

Employee Name (Please Print)

Employee Signature

Date

If you have any questions regarding any of these documents or are in need of additional information, please contact the Health Benefits Department at 631-4722.