

Back Injury Prevention Training Class Enrollment Request

- Please contact DPH OSH for class information, employee eligibility, training dates, times and locations. Enrollees must be CCSF employees from Departments who receive services through DPH-OSH. Contract and UC employees are not eligible.
- There is no charge for employees to attend the class.
- This form must be signed and submitted by the employee's supervisor.
- You may not receive your first class date choice, so please indicate a second choice. If your first class choice is full, we'll enroll you in your second choice. We can also put you on a waiting list for your first choice, at your request. You'll be notified if space becomes available.
- Both the Supervisor and employee will receive an enrollment confirmation by email after we receive the completed request form.
- Please provide *at least* 48 hours notice if you are unable to attend the class so we have time to notify someone from the waiting list.

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Employee #1

First Name:	Last Name:	DSW# (Disaster Service Worker Number located on your ID badge.)
Department:	Job Class Number:	Job Title:
Work Address:	Phone:	Email:
Training Date Requested: First Choice:		Second Choice:
Supervisor's Name:	Supervisor's Signature:	Supervisor's Phone:

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Employee #2

First Name:	Last Name:	DSW# (Disaster Service Worker Number located on your ID badge.)
Department:	Job Class Number:	Job Title:
Work Address:	Phone:	Email:
Training Date Requested: First Choice:		Second Choice:
Supervisor's Name:	Supervisor's Signature:	Supervisor's Phone:

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Employee #3

First Name:	Last Name:	DSW# (Disaster Service Worker Number located on your ID badge.)
Department:	Job Class Number:	Job Title:
Work Address:	Phone:	Email:
Training Date Requested: First Choice:		Second Choice:
Supervisor's Name:	Supervisor's Signature:	Supervisor's Phone:

This form may be emailed, faxed or sent by interoffice mail to:
 DPH-OSH Ergonomic Services
 101 Grove Street, Room 217
 Fax: (415) 554-2570
 DPH.Ergonomics@sfdph.org