



COAST UNIFIED SCHOOL DISTRICT

1350 Main Street • Cambria, California 93428

Tel 805-927-3880 • Fax 805-927-7105

The District is obligated to give an employee the enclosed information when there is even a question of a possible industrial injury. Please find and read carefully the enclosed DWC-1 form which includes the Notice of Potential Eligibility.

SHOULD YOU CHOOSE TO SUBMIT A CLAIM, please complete the DWC-1 (Employee Section ONLY) and **return to Erin Moses-Wierman, CUSD Worker's Comp Clerk.**

DATE: _____

TO: _____

FROM: Jill Southern, Superintendent
Ruben Campos, CUSD Safety Coordinator
Erin Moses-Wierman, CUSD Worker's Comp Clerk

RE: DWC1 Claim Form

Please sign below to acknowledge receipt of the DWC1 form received on _____.
Date Received

Name _____
(Please Print)

Signature _____

Enclosed: DWC1 Form