

Request to Opt In
TO THE
CITY AND COUNTY OF SAN FRANCISCO & THE SAN FRANCISCO FIREFIGHTERS
IAFF LOCAL 798
ALTERNATIVE DISPUTE PREVENTION AND RESOLUTION PROGRAM

Section 1.3(b) of the Workers' Compensation Alternative Dispute Resolution Program Agreement Between the City and County of San Francisco and the San Francisco Police Firefighters' IAFF Local 798 (hereinafter "ADR Agreement") provides that a retired or active employee injured prior to _____ may request to be allowed to opt in to the ADR program.

When a retired or active SF Local 798 member seeks to opt in to the ADR program, in order to allow for the efficient evaluation of the feasibility of transitioning the claim or claims into the ADR program, the following information is required:

1. Date of request: _____
2. SFDSA member's name: _____
3. ADJ number(s): _____
4. Date(s) of injury: _____
5. Part(s) of body injured: _____
6. If there is a current claim within the ADR program:
 - a. ADR case number(s): _____
 - b. Date(s) of injury: _____
 - c. Part(s) of body injured: _____
7. Unresolved issues in dispute: _____

8. Reasons or objectives for seeking to opt in to the ADR program: _____

Ombudsperson Recommendation & Comments:

GRANT REQUEST TO OPT IN _____

DENY REQUEST TO OPT IN _____

San Francisco Recommendation & Comments:

GRANT REQUEST TO OPT IN _____

DENY REQUEST TO OPT IN _____

ADR Director Recommendation & Comments:

GRANT REQUEST TO OPT IN _____

DENY REQUEST TO OPT IN _____

Joint Committee Determination

GRANT REQUEST TO OPT IN ____

DENY REQUEST TO OPT IN ____

EXPLANATION/COMMENTS:
