

## **Health Care Accountability Ordinance**

Fee payment in lieu of paying for health care Effectiive July 1, 2015

Note: Please attach this report to check

Report and Payment for the Month, Year	of:	
(Payments are due no later than the 15th of each m	onth)	
		Make check payable and send to:
Name of Employer/Vendor:		San Francisco General Hospital
Address of Employer/Vendor:		2789 25th Street
		San Francisco, CA 94110
		Attn: Accounting Department, 3rd Floor
•		-
Contact Person:	Phone Number:	
	•	

Employee Name	Gender of Employee	Age of Employee	Number of Hours Employee Worked During the Month*	Total Owed to the City @ \$4.50 Per Covered Hour - weekly maximum \$180
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Total Amount Due to the Ci	ty			\$ -

<sup>\*</sup>up to 40 hours per week

If you have any questions regarding the Ordinance, please contact OLSE at (415) 554-7903.