

Ergonomic Evaluation Request Form

Submitting Ergonomic Requests

- Download the Ergonomic Evaluation Request Form, after completing the form, save it and forward the request to the Employee's Department Manager.
Note: The Manager's e-mail address will be used to authorize the requested evaluation to be completed.
- The Manager will send the request to the "**Ergonomic Request**" e-mail box for processing.
- If you have a question or comment for using this form, please contact **Patricia Guiou, ext. 11572**

Date of Request:

Employee Information

Name:	Employee #:
Job Title:	Mail Stop:
Employee Extension:	Building:
Supervisor's Name:	Supervisor's Extension:

Reason(s) for Request

Concern of Discomfort:

Concern of Current Workstation Setup:

Describe your ergonomic concern. If equipment is needed to address a current medical concern, a doctor's note may be required.

Facilities Use Only

Ergonomics Facilitator:

Completion Date:

Comments: