

ERGONOMIC EVALUATION REQUEST

Please use this form to request ergonomic evaluations for either SCOE classrooms or employees' individual workstations.

Once this request is received by the HR Analyst, it will be forwarded to the appropriate Ergonomic Consultant, who will contact the classroom or employee to schedule the evaluation.

I would like to request a Classroom Workstation evaluation for the following employee(s):

Employee: _____ Employee: _____

Employee: _____ Employee: _____

Work Site: _____ Department: _____

Contact Phone: _____ Contact Email: _____

I feel that an evaluation is necessary because of the following issues:

This request is: Urgent Not Urgent

Requested by:

Name (please print)

Signature

Date

Approved by (Department Administrator):

Name (please print)

Signature

Date

Once approval has been received, this form is to be forwarded to Marlene Moore, HR Analyst

Date Request Sent to HR

Date Request Received by HR