

## 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 Dan Miller, HR Analyst

\_\_\_\_\_  
Date Request Sent to HR

\_\_\_\_\_  
Date Request Received by HR