



12345 El Monte Road
Los Altos Hills, CA 94022-4599

In-Office Ergonomic Evaluation Request Form

Please complete and submit this form to risk@fhda.edu

REQUESTOR

Date	Employee CWID	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:		Last Name:
<input type="text"/>		<input type="text"/>
Phone:		Email:
<input type="text"/>		<input type="text"/>
Campus:		Job Title:
<input type="checkbox"/> Foothill /Sunnyvale <input type="checkbox"/> De Anza <input type="checkbox"/> District		<input type="text"/>

Address/Physical Location:

Floor/Suite Number / Room Number

REASON FOR AND TYPE OF REQUEST:

Office Multi-User Other

*Please list specific issues prompting your request for an evaluation.
Do NOT document any protected health information.*

Do you have a current workers' compensation claim for a repetitive motion or cumulative trauma injury, or, an injury or condition?

- Yes Contact Human Resources, Workers' Compensation Unit.
- No Risk Management supports employees' requests for ergonomic evaluations and making adjustments to your in-office workstation as may be needed, subject to supervisor approval.

Important Note: The District does not arrange ergonomic evaluations for at-home work stations. The employee's Department is responsible for the purchase of any in-office workstation items and/or equipment that may be recommended by consultant, subject to reasonable accommodation and supervisor approval.

SUPERVISOR APPROVAL

Signature: _____ Date: _____

Print Name: _____ Phone#: _____ Email: _____