



Ergonomics Assessment Request Form

Any GCCCD employee may request an ergonomics assessment.

Instructions

To request an ergonomics assessment, complete the steps below and submit all form to the Human Resources Coordinator/Office Ergonomics Program Administrator (38H-103).

Step 1: All employees are encouraged to request an assessment during one or more of the following circumstances: (Please check all boxes that apply.)

- New Employee (within 90 days of hire)
- New or Remodeled Office Location
- Discomfort due to change of job, tasks, equipment, tools, process, or scheduling
- ADA Accommodations (Provide Physician's Certificate)

Step 2: Complete the attached Ergonomics Self-Evaluation Checklist (attached).

Step 3: Complete the information below. This information will be used to enroll you in the required training to be completed prior to your assessment (**prior** completion does not apply to ADA Requests but completion is still required), and provides the contact information for the assessment.

Name	
Job Title	
Office Location	
Office Extension	
Date of Request	
Date of Hire (For New Employees Only)	