

A. INITIAL REQUEST (Requestor to complete this section)

DATE:

REQUESTED BY:

EMPLOYEE NAME:

EMPLOYEE LOCATION:

Building No.	Building Name	Room Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE OF REQUEST:

ERGONOMIC
EVALUATION

☐

REASONABLE (ADA)
ACCOMMODATION

☐

REQUEST DESCRIPTION:

B. INITIAL REQUEST APPROVAL (Human Resources and Risk Management to complete this section)

HUMAN RESOURCES
APPROVAL:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Title	Date

RISK MANAGEMENT
APPROVAL:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Title	Date

C. ASSESSMENT (Risk Management to complete this section)

ASSESSMENT BY:

DATE OF ASSESSMENT:

SUPPORTED BY OUTSIDE
DOCUMENTATION

☐

TEMPORARY
ACCOMMODATION

☐

PERMANENT
ACCOMMODATION

☐

RECOMMENDATIONS:

SUPPLIES

(keyboard, mouse, document
holder, etc.)

☐

FURNITURE, FIXTURES +
EQUIPMENT (FF+E)

(chair, keyboard tray, monitor arm,
sit-to-stand, etc.)

☐

RECOMMENDATION DESCRIPTION:

ESTIMATED BUDGET (attach quotes):

Evaluation	\$	
Furniture, Fixtures + Equipment (FF+E)	\$	
Supplies	\$	
	\$	
Subtotal		\$

D. FUNDING APPROVAL
 (President's Cabinet to complete this section)

 FUNDS APPROVED: YES ☐ NO ☐

FUNDING SOURCE(S):

FUNDING APPROVAL:

Signature	Title	Date

E. FINAL FUNDING INFORMATION
 (Fiscal Services to complete this section)

ACCOUNT DESCRIPTION	ACCOUNT NUMBER				AMOUNT
	FUND	ORG	ACCOUNT	PROGRAM	
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL					\$

BUDGET TRANSFER NUMBER:

DATE COMPLETED:

FISCAL SERVICES APPROVAL:

Signature	Title	Date