

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 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 |  |
| GCCCD e-mail |  |
| Date of Request |  |
| Date of Hire (For New Employees Only) |  |