



Ergonomic Evaluation Request

(All fields required)

Date	Name of Requestor
Requestor's Phone	Requestor's Email
Name of Employee	Employee's Phone
Employee's Email	Employee's Department
Building	Floor/Room #
Employee's Supervisor	Supervisor's Email

Evaluation Request Details:

Reason for Request: Scheduling

New Employee

Injured Worker

Discomfort

Contact:

Employee

Supervisor

Have you had a previous evaluation?

Yes

No

Please describe any symptoms or discomfort you may be experiencing.

Return your completed request to Julie McAbee in Environmental Health & Safety:

Mail Code 5132

By Fax: 893-8521

Email: julie.mcabee@ehs.ucsb.edu