



ERGONOMIC ASSESSMENT REQUEST FORM

Montgomery College is committed to providing employees with workstations which are free from known or potential hazards and which will allow employees to be both productive and comfortable.

Montgomery College also recognizes and appreciates that in order to be effective; employees may at times need differently configured workstations due to an injury or American with Disabilities Act (ADA) accommodation.

In order for **Montgomery College** to best determine whether an employee's workstation is appropriate or if the workstation arrangement needs to be modified, employees must request an ergonomic evaluation of their workstation by completing the form below.

Directions and Procedures:

Employees must complete the Ergonomic Assessment Request Form and ADA Request Form. Please email completed forms and a copy of the employee's current job description to: adaaccommodations@montgomerycollege.edu. Incomplete forms will be returned to employees.

Requests will be reviewed and communication regarding the status of the request will be sent to employees within 5-10 working days after receipt of all completed forms and a current job position description.

Employee Information

Employee Name (Please print or type): _____

Title: _____ Work Location: _____

Employee M# _____ Work phone: _____

Reason for Request

I am requesting an ergonomic evaluation of my workstation due to the following (check all which apply)

I am experiencing pain when engaged in activities at my workstation (Completed ADA Request Form)

Other reasons (please describe in specific detail) †

Please describe your work duties and how your current workstation arrangement affects your ability to perform them.

Approvals:

HR Specialist Name Printed:

Date:

HR Specialist Signature: _____ Date Received: _ _____

Send completed forms to:

adaaccommodations@montgomerycollege.edu