



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 complete all information on the request form and submit to their immediate supervisors. Incomplete forms will be returned to employees. Supervisors should review the request form to confirm accurate completion and attach a copy of the employee's job description. Supervisors then forward forms to HRSTM within 5 business days of receipt.

Within 5 to 10 days of receipt of the employee's request, HRSTM will review the request and communicate with employees regarding the status of the employee request.

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 (Please attach related documentation from your healthcare provider)

My healthcare provider has recommended that an evaluation of my workstation be conducted as a result of a work related injury. (Please attach related documentation from your healthcare provider)

My healthcare provider has recommended that an evaluation of my workstation be conducted as a result of an injury. (Please attach related documentation from your healthcare provider)

My healthcare provider has recommended that an evaluation of my workstation be conducted as part of an ADA accommodation request. (Please attach related documentation from your healthcare provider)

Other reasons (please be as specific as possible)

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

Approvals:

Supervisor Name Printed _____

Supervisor Signature _____ Date: _____

HR Specialist Signature _____ Date Received _____

Send completed forms to Farah Vivas, HR Specialist

Phone: 240-567-5396

Fax: 240-567-4431

Farah.vivas@montgomerycollege.edu