

Req. #: \_\_\_\_\_



# Adelanto Elementary School District

11824 Air Expressway, Adelanto, California 92301  
Phone: 760-246-8691 Fax: 760-246-4259 Web: www.aesd.net

## **RISK MANAGEMENT SERVICES** **Ergonomic Evaluation Request**

Please fill out form and submit to:  
**Risk Management**  
email to [josie\\_stijepovic@aesd.net](mailto:josie_stijepovic@aesd.net)

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Work Station Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

As the supervisor for the employee named above, I acknowledge that I have been informed of this ergonomic evaluation request. By signing this request, I acknowledge that specific ergonomic equipment required may have to be purchased by my department and not Risk Management Services.

Supervisor Name: \_\_\_\_\_

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### **For RMS Staff Use Only:**

Evaluation Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Date Evaluation Completed: \_\_\_\_\_