

**ERGONOMIC ASSESSMENT REQUEST FORM**

		DATE OF REQUEST
SURNAME	NAME	EMPLOYEE NUMBER
ADDRESS (BUILDING AND ROOM NUMBER)		TELEPHONE EXTENSION
JOB TITLE	FACULTY, SCHOOL, DEPARTMENT, SERVICE	
SUPERVISOR	IS YOUR SUPERVISOR AWARE OF YOUR REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR REQUEST		

Your supervisor will be advised of your request. However, any personal or medical information provided as part of the assessment is confidential. Only a summary of the assessment, with changes done and recommendations to reduce the ergonomic risks of your workstation will be provided to your supervisor following the assessment.

The implementation and the costs associated with the recommendations are the responsibility of your faculty/school/department/service.

Please send completed form to:

**Pauline Borris**, Ergonomist  
 Human Resources, Health and Wellness  
 Tabaret Hall, room 017  
 Telephone: 613-562-5800, ext. 1399  
 Fax: 613-562-5120  
 E-mail: [pborris@uOttawa.ca](mailto:pborris@uOttawa.ca)