



COUNTY OF ALAMEDA
REQUEST FOR PREVENTATIVE ERGONOMIC EVALUATION
(Form 430300-9)

Employees are eligible for an ergonomic evaluation once every 5 years. Complete this form to request a preventative ergonomic evaluation, then submit the request to the employee's agency ergonomic liaison, who will sign and forward the request to Risk Management at ergolab@acgov.org.

*Employees with an ***open*** Workers Compensation claim should speak to their adjuster first to determine if their ergonomic evaluation should be handled as part of their claim.*

HCSA employees should submit their completed request to HCSAErgo@acgov.org.

TAP employees are eligible to receive an ergonomic evaluation after 6 months of employment. TAP employees should speak to their HRS liaison about requesting an ergonomic evaluation.

To be completed by Employee and their Supervisor

Employee Name: _____ Agency/Dept.: _____

Email: _____ Phone: _____

Address: _____ Floor/ Room /Suite #: _____

Reason for this request*: _____

**If the employee has a doctor's note, please attach it to this request.*

Date of last evaluation, if applicable: _____

Supervisor Name: _____ Email: _____

Supervisor Signature: _____ Date: _____

To be completed by Agency Ergonomic Liaison (and MLAS Case manager, if applicable)

Special Handling (only if applicable):

Doctor's order (please attach document)

MLAS request

MLAS case manager name: _____

MLAS case manager email: _____

MLAS case manager signature: _____

Agency Ergonomic Liaison Name: _____ Email: _____

Agency Liaison Signature: _____ Date: _____