UNIVERSITY of GUELPH

Occupational Health and Wellness

Ergonomic Assessment Request

***Please return by fax to 519-780-1796**

Or upload to OHW Secure Drive

Employment Information	
Full Name:	
Position Title and Role Summary:	
Department:	
Bargaining Group:	
Office Location:	
Telephone #	
Supervisor Name:	
Supervisor Email:	
Supervisor Extension:	

Ergonomic Assessment Request. Please indicate reason for assessment below

_____
_____
_____
_____

When signing this request and providing departmental coding information, the following has been acknowledged:

1. Cost of each assessment is between $150.00 - $200.00
2. If an assessment is cancelled within 48 hours of the appointment time, there will be a $100.00 cancellation fee

Signatures			
Requested By:			
	Printed	Signature	Date

Supervisor			
	Printed	Signature	Date

GL Coding

Total Amount	Fund (3 digits)	Unit (6 digits)	Grant (6 digits)	Project (6 digits)	Object (6 digits)