



UNIVERSITY OF
CALGARY

Ergonomic Assessment Approval

Send completed form to EWI Works: dmacdonald@ewiworks.com

**Staff Wellness
Occupational Health Division**

EMPLOYEE REQUESTING ASSESSMENT	
Name:	ID#:
Phone or cell #: ()	Office location and room#:
E-mail address:	
Job Title:	Department:

ACKNOWLEDGEMENT OF ERGONOMIC ASSESSMENT	
<p>By signing this document, I acknowledge that an ergonomic assessment has been requested by the abovementioned employee. Departments are responsible for fees related to ergonomic assessments and equipment purchases.</p> <p>Upon completion of the ergonomic assessment equipment recommendations may be made. Equipment recommendations will be submitted to the budget owner. Equipment costs are the responsibility of the department and are subject to department approval.</p> <p>If you have any questions or concerns, please contact Staff Wellness by e-mail at staffwellness@ucalgary.ca or by phone at (403) 220-2918.</p> <p>Please email completed approval to: dmacdonald@ewiworks.com Phone number: 403-802-0886</p>	
Supervisor Name:	Email address:
Phone #:	
Supervisor Signature	
Date	
Budget Owner Name:	Email address:
Phone #:	
Budget Owner Signature	
Date	