Saddleback College
Office of College Administrative Services

ERGONOMIC CHAIR REQUEST

Employee Name			
Employee Department		Extension	
Building		Room #	
Supervisor's Name		**Extension**	

This section to be completed by employee:

Do you currently have an ergonomic chair? Select

If YES, how old is your current chair?

What concerns do you have with your current chair?

Employee's Signature: _____ **Date:** _____

This section to be completed by Administrator/Manager:

Supervisor's report of action(s) taken and recommendation (s): _____

_____

Purchase of new ergonomic chair: ☐ Approve ☐ Not Approved

Administrator/Manager Signature: _____ **Date:** _____

This section to be completed by College Administrative Services

Purchase of new ergonomic equipment:

☐Approve ☐Not Approved

Comments: _____

_____

Vice President for CAS Signature: _____ **Date:** _____

Requisition Number: _____

Submit original to College Administrative Services at AGB 115

Copy 1 to Supervisor's File to be maintained for five years **Copy 2** to Employee **Copy 3** to Risk Management