



UCSD Medical Center Ergonomic Funding Assistance Form

Purpose: The UCSD Medical Center Workers' Compensation Unit (WCU) currently has funds available to assist departments implement ergonomic recommendations identified during an ergonomic assessment. This program will match up to 50% of the cost of identified ergonomic changes, up to a maximum of \$1,000 per employee.

Goal: The goal of this program is to prevent musculoskeletal injuries.

Process:

1. The supervisor will arrange for an ergonomic assessment:
 - a. Contact the WCU at hcworkcomp@ucsd.edu or
 - b. Ergonomic Specialist (X10372)
2. The ergonomics specialist will perform an ergonomic assessment and provide the supervisor with a written report, including recommendations.
3. Request for Ergonomic Assistance Funds:
 - a. Complete the UCSDMC Ergonomic Assistance Form.
 - b. Attach a copy of the completed and signed Form 390 for equipment and changes identified.
 - c. Forward these and copy of ergo evaluation to the Workers' Compensation Unit @ Mail Code: 8235 or Fax (619) 471-9332.
4. Approval Process:
 - a. The Workers' Compensation Manager and Ergonomic Specialist will review the request.
 - b. The form will be returned to the requesting supervisor/manger indicating the amount approved.
5. Funds Transferred:
 - a. Contact the WCU when the equipment has been delivered and installed for follow up ergonomic evaluation.
 - b. Upon completion of the follow up evaluation the WCU will transfer the approved amount into the purchasing department's cost center.
 - c. These funds can **only** be used for approved ergonomic equipment and changes.



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Complete this form and forward it, a copy of the approved purchase order, and a copy of ergo evaluation to the Workers' Compensation Unit at Mail Code: 8235

Date: _____

Department Information

Unit #: _____
Department Name: _____
Cost Center #: _____
Location: _____
Supervisor Name: _____
Phone #: _____
Email: _____
Mail Code: _____

Employee Information

Employee Name: _____
Work Phone #: _____
Job Title: _____
Email: _____

UCSDMC Ergonomic Funding Assistance Approval

_____ Department has been approved for \$_____.

These funds will be transferred to _____ cost code upon completion of the follow up ergonomic evaluation.

Approval Date: _____

At least two signatures are required to validate this request.

Cynthia Rowe, Work Comp Manager

Linda Tidwell, Vocational Rehab

Ergo Specialist

Karl Burns, Director EH&S

Follow up ergo evaluation completed on: _____