



Innovative programs, personalized service

To request an ergonomic evaluation please complete the form below and return it to Glenn County Personnel Department via Fax at 934-6452, or via email at mcavier@countyofglenn.net.

TO BE COMPLETED BY EMPLOYEE:

| | |
|------------------------------------------|---------------------------------------------------------------------------------------------------|
| Date of Request: | Department: |
| Employee's Name: | Title: |
| Work Address: | Self-Evaluation Checklist Attached: Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Telephone: | Email: |
| Employee Signature: | |
| Reason for ergonomic evaluation request: | |

TO BE COMPLETED BY SUPERVISOR:

| | |
|-------------------------|--------|
| Supervisor's Name: | Title: |
| Supervisor's Signature: | Date: |

FOR INTERNAL USE ONLY:

| | |
|-----------------------------|-----------------|
| Follow up action completed: | |
| Follow up completed by: | Date Completed: |
| Signature: | |

Return your completed request to Glenn County Personnel
By Fax: 530-934-6452
Email: mcavier@countyofglenn.net