

**UC Santa Barbara**  
**ERGONOMICS MATCHING FUND APPLICATION FORM**

**INSTRUCTIONS:**

1. Complete this application form entirely in order to be reimbursed.
2. Provide the budget number to be credited with the Matching Fund Amount. Route to your supervisor/business manager for approval.
3. Submit completed form and copy of invoices or receipt to: Julie McAbee, Ergonomics Coordinator, Mail Code: 5132.

<b>REIMBURSEMENT DATA (Please print clearly)</b>			
<b>Department:</b>	<b>Budget Number: 8 - _____ - _____ - 3</b>		
<b>Employee who will use furniture:</b>	<b>Last name</b>	<b>First name</b>	<b>M.I.</b>
<b>Employee phone:</b>	<b>E-mail address:</b>		
<b>Supervisor:</b>	<b>Phone:</b>	<b>E-mail:</b>	
<b>Preparer:</b>	<b>Phone:</b>	<b>E-mail:</b>	
<b>Date of workstation evaluation:</b>	<b>Performed by:</b>		

<b>ACCESSORIES COVERED AT 50% (keyboard trays, keyboards, document holders, mice, headsets)</b>	<b>COST</b>
<b>1.</b>	\$
<b>2.</b>	\$
<b>3.</b>	\$
<b>4.</b>	\$
<b>5. TOTAL COST OF ACCESSORIES</b>	\$
<b>6. REIMBURSEMENT FOR ACCESSORIES (50% of Line 5)</b>	\$
<b>CHAIRS OR DRAGON SPEAKING SOFTWARE (\$100 reimbursement)</b>	<b>COST</b>
<b>7.</b>	\$
<b>8.</b>	\$
<b>9. REIMBURSEMENT FOR CHAIR/DRAGON SPEAKING (\$100 each)</b>	\$
<b>TOTAL Matching Fund Amount (line 6 + 9) / &lt; \$500 (Per employee, not per request)</b>	\$

**MATCHING FUND LIMITS AND REQUIREMENTS:**

1. Applies only to: a) UCSB employees; b) Furniture/accessories to be used at UCSB; c) Furniture/accessories purchased for individual employees (not associated with new construction, renovation and relocation projects); and d) Pre-approved furniture and accessories as recommended by Ergonomics Coordinator.
2. Limits/ deadline: Not to exceed \$500 per employee total (not per request). Matching Fund program effective until established funds are depleted.
3. Workstation evaluation: Employee must receive a workstation evaluation and recommendations. Workstation evaluation must be performed by UCSB Ergonomics Unit.
4. Submissions: Submit copies of furniture/ accessories invoices and/or receipt with amount paid **and** this application form to qualify for ergonomics matching fund transfer.
5. Contact: Julie McAbee, Ergonomics Coordinator, extension 3283, if you have questions regarding this program.

**I have read, understand and accept the terms, conditions and requirements of the Computer Ergonomics Matching Fund.**

\_\_\_\_\_ **Supervisor or Signature Authority** \_\_\_\_\_ **Date**

<i>Workers' Compensation Approval:</i>		
_____	_____	_____
<i>Julie McAbee, Ergonomics Coordinator</i> <i>Date</i>	<i>Mari Tyrrell-Simpson, WC Manager</i>	<i>Date</i>