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: Susan Fraser, Ergonomics Coordinator, Mail Code: 5132.

REIMBURSEMENT DATA (Please print clearly)

<table>
<thead>
<tr>
<th>Department:</th>
<th>Budget Number: 8 - ____________ - ____________ - 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee who will use furniture:</td>
<td>Last name</td>
</tr>
<tr>
<td>Employee phone:</td>
<td>E-mail address:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Preparer:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Date of workstation evaluation:</td>
<td>Performed by:</td>
</tr>
</tbody>
</table>

ACCESSORIES COVERED AT 50% (keyboard trays, keyboards, document holders, mice, headsets) COST#

1. $
2. $
3. $
4. $

5. TOTAL COST OF ACCESSORIES $

6. REIMBURSEMENT FOR ACCESSORIES (50% of Line 5) $

CHAIRS OR DRAGON SPEAKING SOFTWARE ($100 reimbursement) COST

7. $
8. $

9. REIMBURSEMENT FOR CHAIR/DRAGON SPEAKING ($100 each) $

TOTAL Matching Fund Amount (line 6 + 9) / < $500 (Per employee, not per request) $

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: Susan Fraser, 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 __________________________

Workers’ Compensation Approval:

______________________________ _________________               _________________________
Susan Fraser, Ergonomics Coordinator                         Katharine Hullinger, Risk Manager