

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: U•a•A•a•^!, Ergonomics Coordinator, Mail Code: 5132.

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

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: U•a•A•a•^!, 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>			
<u>Susan Fraser, Ergonomics Coordinator</u>	<u> </u>	<u>Katharine Hullinger, Risk Manager</u>	<u> </u>
	Date		Date