

Minnesota State University, Mankato Ergonomics Chair Request Form

The goal of this program is to ensure all faculty and staff have a chair that meets their needs to prevent ergonomic injuries.

Name: _____ Phone number: _____

Work location: _____ email: _____

Department: _____ College: _____

Supervisor: _____ Phone: _____

1. Do you have a request from a medical doctor? _____

2. Do you have an ergonomic evaluation showing a need for a new chair? _____

3. Do you currently have an ergonomic chair? YES _____ NO _____
If yes, how old is your current chair? _____ What concerns do you have with your current chair? _____

4. What percentage of your workday do you spend sitting?
_____ 0-25%
_____ 25-50%
_____ Over 50%

5. How would you describe the amount of time you spend keystroking/mousing?
_____ Low
_____ Medium
_____ High

Note: Funds are limited, so the following criteria will be followed:

1. Medical doctor request for a chair;
2. Ergonomic evaluation determined need for an ergonomic chair;
3. Currently does not have an ergonomic chair;
4. Currently has an ergonomic chair, but does not meet needs of employee.

Dean of College or non-academic department head: _____

Dean of College or non-academic recommendation: _____