

## Ergonomics Program Task Chair Approval Form

<b>Employee Name:</b>	<b>Employee's Work Phone #:</b>
<b>Employee's Department:</b>	<b>Employee's Job Title:</b>
<b>Supervisor Name:</b>	<b>Supervisor's Work Phone #:</b>

The above employee has demonstrated need for and been approved for a Category 2 task chair by the Upstate Ergonomics Program.

---

Signature of Ergonomics Specialist

---

Signature of Employee Supervisor

**Once a chair model and fabric color is selected, please return this form signed along with the furniture store quote and completed and properly signed purchase requisition to:  
 Hospital Purchasing – 1st Floor – PDC Liverpool**