

UPSTATE

UNIVERSITY HOSPITAL

Ergonomics Program Task Chair Approval Form

Employee Name:	Employee's Work Phone #:
Employee's Department:	Employee's Job Title:
Supervisor Name:	Supervisor's Work Phone #:

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 – 5793 Widewaters Parkway, Suite 210, DeWitt, NY 13214**