



**UNIVERSITY OF
CALGARY**

Ergonomic Equipment Loan Agreement
Send completed form to confidential fax # 403-282-8603

**Staff Wellness - Occupational Health Division
Ergonomics Program**

PERSONAL AND CONTACT INFORMATION

Name:		ID#:
Phone #: ()	Department:	
E-mail address:		
Building:	Room #:	

AGREEMENT

TO: The University's Ergonomic Program Advisor

I have completed Step 1 of the Ergonomics Program and am having difficulty with the following:

I am requesting a 1- 2 week trial of the following Ergonomic Loan Equipment:

Item:

Item:

Item:

- I am aware that it is my responsibility to return the equipment in the condition that I received it.
- I am responsible for the location and care of the equipment during the loan period.
- I will trial the equipment and if suitable my department will purchase similar equipment, with the expectation that the new equipment will arrive prior to the loan agreement deadline. In extenuating circumstances the deadline will be extended with the Ergonomic Program Advisor's approval.
- The Ergonomic Program Advisor will send a shipment request to SCM on the loan deadline date, unless otherwise indicated, and I will have the equipment packaged and prepared for pickup on this date. Note: SCM will retrieve the item within 48 hours of request.

Employee signature:	Date:
Supervisor or Budget Owner Name:	
Supervisor or Budget Owner Signature:	Date:

TO BE COMPLETED BY THE ERGONOMIC PROGRAM ADVISOR

Date request received:	Date SCM request: Request #:	Date shipped to employee:
Loan Deadline Date:	Extension:	Date SCM return request: Request #: