

REIMBURSEMENT DATA

DEPARTMENT: _____

EMPLOYEE (last name, first): _____

PHONE: _____ E-MAIL: _____

MANAGER: _____ BUDGET MANAGER: _____

MANAGER'S (MPP) PHONE: _____ MANAGER'S E-MAIL: _____

EQUIPMENT REIMBURSEMENT WORKSHEET

	Equipment	Vendor	Actual Cost (\$100 minimum)	Reimbursed Amount
A			\$	\$
B			\$	\$
C			\$	\$
D			\$	\$
E			\$	\$
Total Reimbursement Amount Requested (review chart on SH&S web page) →				\$

- Provide chart field string:** _____ route to appropriate MPP for approval.
*(example: XXXXXX-48500-XXXX-XXXX)**
**Note: SH&S can only transfer funds to chart field strings that have the number "48500" present.*
- Ensure the following items have been completed/provided*:**
1. Cougar Workstation Ergonomics (CWE) on-line/web-based training – accessible via the Employee Training Center (ETC): <https://lynx.csusm.edu/learnerweb/>
 2. A formal in-person Ergonomic Evaluation.
 3. Submission an Ergonomic Resource Fund Program Form 1.
 4. Include applicable invoices, receipts or other associated documents.
** Completion of on-line/web-based ergonomic training course will be verified by ETC. Documents may be sent to SH&S via intercampus mail (Craven 4700). Scanned documents are acceptable.*
- Adhere to the following Ergonomic Resource Fund (ERF) requirements:**
1. Applies only to:
 - Authorized equipment items purchased prior to submission of reimbursement documentation.
 - Ergonomic equipment items to be used at CSUSM.
 - Must be "State" employees.
 2. Limits/Deadline: Not to exceed \$1,000 per item (per year/location). Program effective until established funds are depleted, or by April 15th of each Fiscal Year. A submission of this form does not guarantee reimbursement.
 3. Worker's Compensation Cases: Please work with the Worker's Compensation Coordinator (WCC). Employee must receive an SH&S coordinated ergonomic evaluation report.
 4. Preventative Cases: Employees must complete applicable on-line training, and then request an SH&S ergonomic evaluation.
 5. Other Comments:
 - Applicable paperwork (invoices/receipts/proposals, etc.) of the amount paid for equipment and this form is required to ensure transfer of funds. Incomplete documentation will cause a delay in the reimbursement process.
 - Questions regarding approval for authorized ergonomic equipment should be directed to SH&S (at ext. 4502).

I, the undersigned, have read, understood and accepted the terms, conditions and requirements of the ERF Program.

 Print Name of Manager (MPP) or Delegated Authority

 Signature

 Date

FOR SH&S USE ONLY

ERF Program Manager/Director Review: _____

Initials

Date

Ergonomic Evaluation on File: _____

Date