

COMPLETE AND FOLLOW THE STEPS BELOW TO REQUEST REIMBURSEMENT (Managers or Budget Coordinators)

* **Employee must:** Ensure they have completed either an instructor-led training, or web-based course (such as CSU-Computer Workstation Ergonomics) – which is accessible via the Employee Training Center (ETC): <https://lynx.csusm.edu/learnerweb/>.

REIMBURSEMENT DATA (Please Print Clearly)

DEPARTMENT: _____

EMPLOYEE (last name, first): _____

PHONE: _____ E-MAIL: _____

MANAGER: _____ BUDGET MANAGER: _____

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

EQUIPMENT REIMBURSEMENT WORKSHEET (Please Print Clearly)

	Equipment	Vendor	Actual Cost	Reimbursed Amount
A			\$	\$
B			\$	\$
C			\$	\$
Reimbursement Amount Requested: Review Chart On SRS Web Page →				\$

- Provide chart field string:** _____ route to appropriate MPP for approval.
- Submit the following paperwork to Safety, Risk & Sustainability (SR&S):**
 1. Workstation Self-Evaluation Form A.
 2. Completed Ergonomic Resource Fund Program Form B.
 3. Send applicable invoices, receipts or other documents to SR&S via intercampus mail (Craven 4700). A wet signature on the Ergonomic Resource Fund Form B is required.
 - * Completion of an instructor led, or web-based ergonomic training course will be verified by ETC.

Ergonomic Resource Fund (ERF) Limits and Requirements:

1. Applies only to:
 - a) California State University San Marcos (CSUSM) State Employees.
 - b) Furniture/equipment to be used at CSUSM.
 - c) Authorized furniture/equipment. Contact SR&S (at ext. 4502) for questions regarding approval of products.
 - d) Employer purchases of furniture/equipment (non-fixtures, and items not associated with large-scale renovation projects).
2. **Limits/Deadline:** Not to exceed \$1000 per employee (per year or per location). ERF 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 SR&S coordinated ergonomic evaluation report.
4. **Preventative Cases:** Employees must complete training (instructor led/ETC), and then request an SR&S ergonomic evaluation.
5. **Timeline:** Implementation of workstation evaluation recommendations, including the ordering of specific furniture/equipment, within 90 days of receipt of the SR&S ergonomic evaluation report. Note: Individuals must work cooperatively with SR&S; Planning, Design & Construction (PDC); or Facility Services (FS) during the execution of reconfigurations and/or equipment installations.
6. **Submissions:** Applicable paperwork of the amount paid for the equipment (invoices/receipts/proposals, etc.), and this form is required in order to ensure the package is completed for the transfer of funds. Incomplete packets will not be processed.

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

Print Name of Manager (MPP) or Delegated AuthoritySignatureDate

FOR SR&S USE ONLY

SR&S Safety Specialist/Director Review: _____	Ergonomic Evaluation on File: _____
Initials	Date