

2024-25 HEALTH MANAGEMENT & SAFETY COMMITTEE REQUEST FOR:

[] FUNDING [] REIMBURSEMENT

If the request pertains to ergonomic purchases, has a workstation evaluation been completed? _____

If applicable, is the purchase a result of a workstation evaluation report recommendation? _____

Purchase Order # _____ or Method of Payment used: _____ Cost: \$ _____

Account line(s) debited: _____, _____

Date of Submission: _____ Site and/or Dept. _____ Submitter: _____

Item(s) or Funding Requested:

[Empty box for Item(s) or Funding Requested]

Reason for Request:

[Empty box for Reason for Request]

How will the purchase benefit employee health and safety:

[Empty box for How will the purchase benefit employee health and safety]

Any Additional Information:

[Empty box for Any Additional Information]

Requesting Supervisor Signature: _____

Upon completing this form with signature, forward it with all supporting documentation to the HMSC recorder at: jcurto@slocoe.org and the Safety Coordinator hbastidos@slocoe.org

Recorder/Fiscal use only: Item placed on agenda for: _____

[] APPROVED [] DENIED [] TABLED for further information: _____

Transfer of funds from: 01-9055-_____-0-0000-_____-7610-000-6000_____ Amount Approved: \$ _____

Transfer Date: _____ Staff Initial: _____ Date entered onto HMSC Budget Tracking: _____

D2 Legend:

0000-District Match 6600-Premium Rebate (PR) 6900-Credit Funds (CF) 6950-Discretionary Fund (DF)