



Northern California Cities Self Insurance Fund
c/o Alliant Insurance Services, Inc.
Corporate Insurance License No. 0C36861



ERGONOMIC EVALUATION REQUEST FORM

Northern California Cities Self- Insurance Fund (NCCSIF) is pleased to offer ergonomic evaluation services. Sedgwick is the risk control service partner to NCCSIF and conduct the evaluation. If you have any questions, please reach out to Shane Baird: shane.baird@sedgwick.com.

Member Entity Name: _____ **Today's Date:** _____

Your Name: _____ **Phone:** _____

Your Email Address: _____

Employee Contact Information

*Please include pictures of your workstation.

Employee Name: _____ **Job Title:** _____

Email Address: _____ **Phone Number:** _____

Employee Work Site Address: _____

Employee Work Hours: _____

Date Ergo Evaluation Needed by: _____

Please provide a reason for the ergonomic evaluation request: (explain employee symptoms or workstation issues).

(If additional room is needed, please attach separate sheet.)

Please e-mail the completed form to: Shane Baird shane.baird@sedgwick.com or (661) 619-3520

NCCSIF Program Administrators:

Marcus Beverly Marcus.Beverly@alliant.com or Jenna Wirkner Jenna.Wirkner@alliant.com