



**David Douglas School District #40
Safety Equipment and/or support(s) Request Form**

Please complete all the requested information below. Please sign, have your supervisor sign and send to Human Resources for final approval.

Date of Request: _____ Name: _____ Phone: _____

Department/Building: _____ Room #: _____

Item(s) Requested:

How will this improve safety?

Employee Signature

Supervisor Signature (Acknowledgement)

Completed forms must be sent to Human Resources for final approval.

For Human Resources use only:

Date Received: _____

Is an ergonomic assessment needed Yes No

Action Taken: Approved

Denied

Justification for Approval or Reason for Denial:

HR Manager Signature

Date

Employee Notified on (Date): _____

Budget Number: _____ *Purchasing: Please attach to IV request*