



Safety Footwear Request and Authorization Form

1. EMPLOYEE NAME: _____ ID#: _____

2. DEPARTMENT: _____ PHONE: _____

3. JOB CLASSIFICATION AND JUSTIFICATION:

4. INDEX: _____ REQUISITION #: _____

5. REIMBURSEMENT AMOUNT: \$ _____

6. Employee's Signature: _____

7. Supervisor's Approval Signature: _____ Date: _____

By his/her signature, the employee acknowledges that wearing Safety Footwear is a requirement of their job and that its use is expected during those work activities requiring foot protection.

INSTRUCTIONS

1. Employee completes authorization form.
2. Supervisor reviews justification and approves purchase. (EH&S may be consulted if justification is questioned.)
3. Employee obtains safety footwear from any retail source. Safety footwear must meet ANSI or ASTM standards if applicable.
4. Employee gives receipt for the safety shoes to the supervisor for reimbursement of actual cost or \$200, whichever is less.
5. Supervisor arranges for reimbursement using department funds.
6. If needed, supervisor forwards their employee's job hazard analysis for review by EH&S.
7. See EH&S Safety Instruction #33 for additional information.