

Safety Footwear Reimbursement Form

Employee Name: _____

Date: _____ Location: _____
(by FoB #)

Department

(Select all that apply)

- Warehouse positions, all designations
- Materials Handlers, all designation
- Inventory Control, all designations
- Production Maintenance, all designations
- Building Maintenance, all designations
- Fabrication, all designations
- Other: _____
(Explain)

Supervisor's Initials: _____

Reimbursement Authorized By: _____

Terms and conditions of reimbursement:

Pursuant to FOB-EHS-15 (The FoB Personal Protective Equipment Program), employees in the following positions will receive an up to \$125 annual stipend for the purchase of safety shoes as described in that Program.

To qualify for reimbursement under this program employees must provide the following:

1. A receipt for full payment of the shoes dated within 30 days of the submission of this form.
2. Documentation that the shoes meet or exceed the standards set in the PPE Program.
3. A completed copy of this form signed by appropriate personnel.

The annual stipend may be claimed once per calendar year and not before three months prior to the previous collection of the stipend.