

SAFETY SHOES / PROTECTIVE FOOTWEAR Supervisor's Authorization Form

When safety shoes are required by Laboratory/Shop policy, the department requesting them will contribute a set amount (allowance) toward their cost.

All requests for safety shoes and protective footwear must be approved by the requestor's supervisor before an order for the safety shoes is placed.

- COMPLETE ALL FIELDS BELOW -

	Requestor's Full Name		
	-		
	-		
	РТА		
	-	ost (including sales tax) exceeds this allowance I am nce.	
	Additional Comments:		
-	responsible for paying the difference Additional Comments: Employee Signature PRVISOR'S AUTHORIZATION: ereby authorize the purchase of safety signature		
-			
Ī	Employee Signature	Date Signed	
SUPRV	ISOR'S AUTHORIZATION:		
I hereby	/ authorize the purchase of saf	shoes for the individual listed above.	
į	Supervisor's Signature	 Date Signed	