Steward Observatory

Safety Footwear Purchase Authorization

Date: ________________________

This form is to authorize _________________________________ to purchase safety footwear.

(employee name)

The employee will pay all expenses and be reimbursed the cost of the footwear or $100.00; whichever is the lesser amount. There are no restrictions on the style or brand of said footwear however, the employee must provide proof of the following:

- footwear meets or exceeds the ASTM/ANSI standard
- this completed signed form
- a valid receipt/invoice
- submit to the Safety Officer for reimbursement within 90 days

It is the responsibility of the employee to provide evidence that existing safety shoes require replacement. Except in the case of accident/damage to the shoes, replacement will not be approved more than once per year.

Once an employee is reimbursed for the safety footwear, they are required to wear them on the job.

_____________________________   _______________________________
Employee Name (Please Print)   Employee Signature

_____________________________   _______________________________
Supervisor Signature   Safety Officer Signature

_____________________________
Account Number

_____________________________
Project Number