



UNIFORM ISSUE FORM

NAME _____ ISSUED BY _____

DEPT _____ POSITION _____

UNIFORM	CHECKOUT			UNIFORM	CHECK IN
Quantity	Item	Size	Quantity	Item	Size
	Polo Shirt/Tunic			Polo Shirt/Tunic	
	Button up Dress Shirt			Button up Dress Shirt	
	Hat			Hat	
	Other			Other	

I understand that I have been issued the above uniforms to wear while on duty. I will follow the grooming and appearance standards. I will properly maintain them according to provided care guidelines. In the event that the uniform is damaged due to my negligence, I will cover the expense of replacing my uniform.

Upon separation from UCF, the above uniforms must be cleaned and returned prior to the final paycheck being issued. I also understand that if I lose a uniform, or fail to return it upon separation; I will be subject to a payroll deduction.

Signature

Date

DATE	QUANTITY	ITEM	REASON