

Central Stores Safety Shoe Authorization Form

Employee Name:				
Employee ID:				
Department & WC) :			
	Use the drop-down menu	to select your shop	and work order number	
Vendor:	Price:		Size:	
Supervisor Name	:			
Supervisor Signa	ture:			
<u>Justification</u>				
New Employee	Replacement (Worn)	Defective	Fit or Quality Issue	
Date Turned In:	Received By:			
Reason	Disposal Date:			
Resigned or Terminated				
Supervisor Authoriz	ed New Pair			

The supervisor signing this form understands and accepts that the Safety Shoes authorized to be issued are the exclusive property of UCF and must be returned to Central Stores upon the employee's resignation, termination, or retirement. Additionally, when replacement shoes are issued, the old shoes must be turned in at the time the new shoes are issued.

The price limit for safety shoes is \$140.00. Any amount over \$140.00 is the responsibility of the employee.

ATTENTION SAFETY SHOE VENDOR

Do not accept unsigned or hand written forms. All forms submitted for payment must also have a shop and work order assigned.