

**PROTECTIVE SAFETY WEAR (FOOTWEAR / EYE PROTECTION) CLAIM FORM**

Regular Part-Time Support Staff

**EMPLOYEE NAME:** \_\_\_\_\_ **EMPLOYEE #** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

AS PER THE *SAFETY DEVICES* ARTICLE IN THE COLLECTIVE AGREEMENT, THE COLLEGE WILL REIMBURSE A REGULAR PART-TIME (“RPT”) EMPLOYEE FOR THE COST OF CERTAIN TYPES OF PROTECTIVE DEVICES WHERE AN EMPLOYEE IS REQUIRED TO WEAR THESE BY LEGISLATION.

Note: Only Regular Part-Time employees are eligible for reimbursement.

- COMPLETE THIS FORM, OBTAIN SIGNATURES AND ATTACH PROOF OF PURCHASE.
- SUBMIT COMPLETED FORM TO PAYROLL BY MARCH 1 FOR PAYMENT ON THE FIRST PAYROLL IN APRIL.

<b>PURCHASE DATE</b>	<b>FOOTWEAR AMOUNT</b> (To a maximum of \$150.00 every two years)	<b>EYE PROTECTION AMOUNT</b> (To a maximum of \$20.00 every year)

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAYROLL:** \_\_\_\_\_

NOTE – COMPLETED FORMS RECEIVED AFTER MARCH 1, WILL BE PAID THE FOLLOWING YEAR. E.g. FORMS RECEIVED AFTER MARCH 1, 2020 WILL BE PAID IN THE FIRST PAYROLL OF APRIL 2021.