

**PROTECTIVE SAFETY WEAR (FOOTWEAR / EYEWEAR) FORM**

**for Support Staff**

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

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

**AS PER ARTICLE 13.2.1 SAFETY DEVICES – THE COLLEGE WILL REIMBURSE AN EMPLOYEE FOR THE COST OF CERTAIN TYPES OF PROTECTIVE DEVICES WHERE AN EMPLOYEE IS REQUIRED TO WEAR THESE BY LEGISLATION.**

**COMPLETE THIS FORM, OBTAIN SIGNATURES AND ATTACH PROOF OF PURCHASE.**

**SUBMIT COMPLETED FOR TO PAYROLL BY MARCH 1 FOR PAYMENT ON THE FIRST PAYROLL IN APRIL.**

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| **PURCHASE DATE** | **FOOTWEAR AMOUNT**  **(TO A MAXIMUM OF $150)** | **EYEWEAR AMOUNT**  **(TO A MAXIMUM OF $20)** |
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**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, 2009 WILL BE PAID IN THE FIRST PAYROLL OF APRIL 2010.