



Annex D Safety Footwear Reimbursement Form

**INSTRUCTIONS:** Employee to complete all required information. Employee shows safety footwear to supervisor, attaches original receipt to form, and then gives to FM Administrator for processing reimbursement. Refer to FMOP 2-8 for further information.

	PLEASE PRINT	SIGNATURE
NAME:		
EMPLOYEE NO:		
UNION: NONE	CUPE 1295	CUPE 1295 STUDENT
MANAGER:		
GROUP:	MAINTENANCE & UTILITIES	CPDC
	CUSTODIAL & GROUNDS SERVICES	OTHER
TYPE OF FOOTWEAR:	CSA APPROVED PER SHOP REQUIREMENTS	
- SAFETY SHOE		
- WORK BOOT	- GROUNDS, STRUCTURAL, MECHANICAL & ELECTRICAL	GREEN Δ/ORANGE Ω
<b>Note:</b> Refer to applicable Collective Agreements between the University and Bargaining units for specific PPE reimbursement provisions		
RECEIPT FROM:		
DATE OF RECEIPT:		
COMMENTS:		
DATE OF CLAIM:		
CHARGE TO #		