

Oregon State University

SAFETY SHOE REQUEST AND Authorization Form

1. EMPLOYEE NAME _____ SSN _____

2. DEPARTMENT _____ PHONE _____

3. JOB CLASSIFICATION AND JUSTIFICATION: _____

4. Index Code # _____ REQUISITION # _____

5. AMOUNT REIMBURSED \$ _____

6A. _____ 6B. _____

Employee's Signature

Supervisor's Approval Signature & Date

By his/her signature, the employee acknowledges that the wearing of SAFETY SHOES is a requirement of his/her job and their use is expected.

INSTRUCTIONS

1. Employee completes lines 1-3 and 6A on the authorization form.
2. Supervisor reviews justification, and approves purchase by completing the form. (EH&S may be consulted if justification is questioned.)
3. Employee obtains safety shoes from any retail source. Safety shoes must meet ANSI Z41 specifications.
4. Employee gives receipt for the safety shoes to the supervisor for reimbursement of actual cost or \$100, whichever is less.
5. Supervisor arranges for reimbursement using department funds and forwards a copy of the completed form to EH&S.