

Request for Protective Footwear Reimbursement

1. FP&M will provide a reimbursement of up to \$135 per pair of protective footwear each fiscal year (July 1 - June 30) to each employee working in an area where their approved Personal Protective Equipment (PPE) Assessment has been completed and protective footwear is recommended based on the probability/likelihood of encountering a hazard
2. Employee will have 30 days from the date they sign the Personal Protective Equipment Assessment to acquire and request reimbursement for their purchased protective footwear.
3. The request for reimbursement must be submitted with the required supporting documentation within 90 days of the date the expense was incurred.
4. All Requests for Protective Footwear Reimbursement must be approved by the Employee's Supervisor, the Employee's Unit Director and FP&M Human Resources.

Employee Name: Employee ID # (EMPL ID):

Purchase Item Description:

Date of Purchase:

Requested Amount for Reimbursement: \$

Employee Signature: Date:

Submit this form and required supporting documentation to your Supervisor for review and approval.

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR:

Supervisor Name:

Supervisor Title:

Has the employee signed this form and provided all of the required supporting documentation? YES NO

If no, stop and return this form to the employee. Protective Footwear Reimbursement is not approved.

If yes the following information is needed:

Fund/Account to be charged:

Signatures below as required by division policy:

Supervisor: Date:

Dept. Director: Date:

Human Resources Representative: Date:

Protective Footwear is reimbursed through the e-Reimbursement System. This prior approved form and the required supporting documentation must be included when the expense report is submitted to the department's e-Reimbursement approver.