Safety Shoe and Insole Reimbursement Form

REQUEST FOR REIMBURSEMENT
(PLEASE COMPLETE ALL SECTIONS OF THIS FORM)

LAST NAME ______________________________________ FIRST NAME________________________
UWO EMPLOYEE NUMBER _____________________________________________________________
DEPARTMENT/ROOM#/BLDG. ___________________________________________________________
POSITION __________________________________________________________________________

DID YOU PURCHASE SAFETY TOES? YES ☐ NO ☐

I hereby authorize that the above named employee qualifies for subsidy for CSA Approved Safety Shoes or other footwear under the provisions outlined in the Collective Agreement.

____________________________________________________  ____________________________________________  ______________
Supervisor (Please Print)                     Supervisor Signature                     Date

__________________________________________
Supervisor Telephone #

CHECK THE APPROPRIATE

PMA
Yellow tag ☐
Green tag ☐
Reimburse for
1 year ☐ 2 years ☐

Hospitality Services
Sessionals - Insoles ☐

Facilities Management
Grounds - Winter boot ☐

Graduate Teaching
Assistant – Initial pair ☐