

Requisitioner: - Submit to supervisor for signature
- Retain a copy for your records
- Attach original receipt to the form
- Submit to: **Human Resources, Rm 5100, Support Services Building**
- Inquiries to: **(519) 661-2194**

REQUEST FOR REIMBURSEMENT – SAFETY SHOES

(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 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
- CUPE 2692 Insoles
- UWOSA
Yellow tag
Green tag
Reimburse for 1 year
2 years
- GTA

Note: Find this form on the HR website –[www.uwo.ca/hr/docandform/forms/benefits/Request for Reimbursement-Safety Shoes.pdf](http://www.uwo.ca/hr/docandform/forms/benefits/Request%20for%20Reimbursement-Safety%20Shoes.pdf)