



Safety Shoe and Insole Reimbursement Form

<p>Requisitioner: - Submit to supervisor for signature - Retain a copy for your records - Attach original receipt to the form - Submit to: Human Resources, Rm 4159, Support Services Building - Inquiries to: hrhelp@uwo.ca</p> <p>REQUEST FOR REIMBURSEMENT – SAFETY SHOES (PLEASE COMPLETE ALL SECTIONS OF THIS FORM)</p> <p>LAST NAME _____ FIRST NAME _____</p> <p>WESTERN EMPLOYEE NUMBER _____</p> <p>DEPARTMENT/ROOM #/BLDG. _____</p> <p>POSITION _____</p> <p>DID YOU PURCHASE SAFETY TOES? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <hr/> <p>I hereby authorize that the above named employee qualifies for subsidy for CSA Approved Safety Shoes under the provisions outlined in the Collective Agreement.</p> <p>_____ Supervisor (Please Print) Supervisor Signature Date</p> <p>_____ Supervisor Telephone #</p>	<p style="text-align: center;">CHECK THE APPROPRIATE BOXES</p> <hr/> <p>PMA <input type="checkbox"/></p> <p> Yellow tag <input type="checkbox"/></p> <p> Green tag <input type="checkbox"/></p> <p>Reimburse for 1 year <input type="checkbox"/></p> <p> 2 years <input type="checkbox"/></p> <p>Hospitality Services <input type="checkbox"/></p> <p>Sessionals - Insoles</p> <p>Graduate Teaching <input type="checkbox"/></p> <p>Assistant – Initial Pair</p>
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Please email hrhelp@uwo.ca if you require this form in an alternate format or if any other arrangement can make our services accessible to you.