

Safety Shoe and Insole Reimbursement Form

Requisitioner: - Submit to supervisor for signature - Retain a copy for your records - Attach original receipt to the form		CHECK THE APPROPRIATE BOXES
- Submit to Human Res		PMA □ □ Yellow tag □
REQUEST FOR REIMBURSEMENT - SAFETY SHOES (PLEASE COMPLETE ALL SECTIONS OF THIS FORM)		Green tag □ Reimburse for 1 year □
LAST NAME	FIRST NAME	2 years □
WESTERN EMPLOYEE NUMBER		Hospitality Services ☐ Sessionals - Insoles
DEPARTMENT/ROOM #/BLDG.		Graduate Teaching □
POSITION		Assistant – Initial Pair
DID YOU PURCHASE SAFETY TOES? YES NO 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 #	-	

Please contact Human Resources using ASK HR if you require this form in an alternate format or if any other arrangements can make our services accessible to you.