

## Central Stores Safety Shoe Authorization Form

**Employee Name:**

**Employee ID:**

**Department & WO:**

*Use the drop-down menu to select your shop and work order number*

**Vendor:**

**Price:**

**Size:**

**Supervisor Name:**

**Supervisor Signature:**

### Justification

New Employee

Replacement (Worn)

Defective

Fit or Quality Issue

**Date Turned In:**

**Received By:**

### Reason

**Disposal Date:**

Resigned or Terminated

Supervisor Authorized New Pair

The supervisor signing this form understands and accepts that the Safety Shoes authorized to be issued are the exclusive property of UCF and must be returned to Central Stores upon the employee's resignation, termination, or retirement. Additionally, when replacement shoes are issued, the old shoes must be turned in at the time the new shoes are issued.

The price limit for safety shoes is \$140.00. Any amount over \$140.00 is the responsibility of the employee.

## ATTENTION SAFETY SHOE VENDOR

**Do not accept unsigned or hand written forms. All forms submitted for payment must also have a shop and work order assigned.**