



Warehouse Services

Central Stores Unit

Safety Shoe Authorization Form

Employee Name: _____

UCF ID#: _____

Department: _____

Vendor: _____

Catalog #: _____

Price: _____

Size: _____

Supervisor: _____

Signature: _____

Justification

New Employee Replacement (Old Shoes Worn Out)

Defective Fit/Quality Problems

Date Turned In: _____

Received By: _____

Reason Turned In

Resigned/Terminated Supervisor Authorized New Pair

Disposal Date: _____

Disposal Party: _____

The Supervisor signing this form understands and accepts that the Safety Shoes authorized to be issued by this form are the exclusive property of UCF and must be returned to the Central Stores unit upon the employee's resignation, termination, retirement, or in the event the employee needs a replacement pair.