

REQUEST FOR SAFETY FOOTWEAR

Eligibility is limited to Federal Employees.

Employees are eligible for one pair of safety shoes every six months.

SECTION 1: Contact Information - To Be Completed By Employee

Name (Last, First, Middle Initial)
(Please Print)

Institute Branch Building/Room No.

Phone Number Pager/Mobile Number

Occupation

SECTION 2: Shoe Information - To Be Completed By Supervisor

Select Reason For Footwear Request:

New Issue Replacement Exchange*

Shoe Size

* An exchange must be made within 30 days of receipt. Shoe soles must be exchanged without signs of wear.

* If you are requesting an exchange, a justification must be provided:

Shoe Style Required For Job:

6" Boot Oxford Other: Specify shoe style

SECTION 3: To Be Completed By Supervisor

When new shoes are needed in less than 6 months, an explanation (nature of work, etc.) must be provided: **

** The Supervisor must advise the employee to present the old shoes to the shoemobile operator for inspection.

SECTION 4: To Be Completed By Supervisor And Employee

This employee is eligible for Government provided safety footwear because of duties which are considered to present a serious foot injury hazard.

Supervisor (Section or Branch Chief) Signature Date

Supervisor Name (Please Print)

Employee Signature Date

SECTION 5: (For Shoemobile Use Only)

Type of Footwear Issued Size Style

Stock Number Cost Date