

REQUEST FOR SAFETY FOOTWEAR

Name (Print): _____ NIH ID#: _____
Last, First, Middle Initial (Required)

Institute: _____ Branch: _____ Bldg/Room: _____ Telephone: _____

Occupation: _____ Shoe Size: _____ New Issue Shoe Style Required for Job
 _____ Replacement 6" Boot Oxford Other

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

Supervisor (Section of Branch Chief)

Name (Print): _____ Date: _____ Bldg/Room: _____

Signature: _____ Telephone: _____

For Shoemobile use Only, or...
 NIH Shift personnel, selecting safety shoes using the authorized website, may enter the information below and bring the signed form to the Safety Office for purchase. **Note: do NOT purchase shoes directly from the website.**

_____	_____	_____	_____
Type of footwear issued	Size	Style	Stock #
_____	\$ _____		
Date	Cost		

 Signature of Project Officer

 Date

 Signature of Person Receiving Safety Footwear

 Date

**When new shoes are needed in fewer than 12 months, the Supervisor must provide an explanation (nature of work, etc.) and advise the employee to present the old shoes to the shoemobile operator for inspection. The maximum subsidy amount on shoes is \$150. Anything over that amount will be paid by the employee receiving the shoes.*