MIDWEST Environmental Services, Inc.

Safety Shoe Reimbursement Form

Date: _____

Employee Name (Please Print): _____

I hereby certify that I have purchased safety shoes that meet the requirements of the Safety Shoe Reimbursement Policy and am requesting reimbursement. I have attached a receipt showing the shoes purchased and the total purchase price.

Employees are eligible to be reimbursed up to $140 for (1) pair of approved safety shoes. New employees are eligible for reimbursement after completing three (3) months of service. New employees may submit requests for reimbursement but will not be paid until three (3) months of service is completed. All reimbursements will be paid out on the employee's paycheck.

Type: ____ Hard /Steel Toe ____ Metatarsal

Date of Purchase: _____ Amount of Purchase: $_____

Employee Signature: _____

Director of Health & Safety Approval:

I am verifying that this employee is required to wear safety shoes and that the shoes the employee has purchased meet the Safety Shoe Policy.

____ I have approved the request for safety shoes based upon the following:

- ☐ New Hire/First Pair
- ☐ Condition of safety shoes warrant new pair

Date last work boot requested _____

_____

SAFETY SHOE REIMBURSEMENT FORM IS BEING RETURNED FOR THE FOLLOWING REASON:

_____ Not original receipt

_____ Other reason: _____

Date: _____ Signature: _____

Accounting

Reimbursement Processed: Date: _____ Amount: $_____

Signature: _____