



# Facilities and Safety

UNIVERSITY OF CENTRAL FLORIDA

## Central Stores Safety Shoe Authorization Form

**Employee Name:**

**Employee ID:**

**Shop Name:**

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

**Dept. and Account:**

*Use the department and account field above only if you do not have a Facilities shop.*

**Vendor:**

**Price:**

**Size:**

**Supervisor Name:**

**Supervisor Signature:**

### Justification

New Employee

Replacement (Worn)

Defective

Fit or Quality Issue

Retirement/Termination

**Date Turned In:**

**Received By:**

### Reason

**Disposal Date:**

Resigned, Terminated, or Retired

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 forms. All orders submitted for payment must be accompanied by a signed version of this form.**