

REQUEST FOR SAFETY FOOTWEAR

(Please Print or Type)

Name (Last, First, Middle Initial) _____ Inst. _____ Bldg./Room _____ / _____
Branch _____ Telephone _____
_____, _____, _____ Pager/Cell _____

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 or Branch Chief) _____ Date _____ Bldg/Room _____ / _____
Name (Print) _____ Telephone _____
Signature _____

(For vendor use only)
Type of Footwear Issued _____ SizeStyle _____ Stock# _____ Date _____ Cost
\$ _____

Signature of Project Officer Date _____

Signature of Person Receiving Safety Footwear Date _____

*When new shoes are needed in less than 12 months, the Supervisor must provide an explanation (nature of work, etc.) and advise the employee to present the old shoes to the vendor for inspection.