



Human Resources

SAFETY BOOT REFUND

1. Employees will be reimbursed up to \$240 per year, for properly fitted and steel-toed boots, with supervisor’s pre-approval after review of the condition of the current boots.
2. With prior approval, the cost of resoling the steel-toed boots can be reimbursed.
3. Employees will not be reimbursed for a second pair of steel-toed boots within 12 months of purchasing the first pair, unless the supervisor and Director agree the first pair is no longer functional.
4. Employees will be reimbursed up to \$60 per year, for one pair of pre-approved ankle-length “chukka” style boots.
5. A second pair of chukka boots may be reimbursed up to \$40 within 12 months of purchasing the first pair, at the supervisor’s discretion, based on the nature of the work performed and the condition of the first pair of boots.
6. The original receipt must be turned in, signed and dated by the employee, with this form appropriately signed by the supervisor, to be reimbursed.
7. Boots purchased under this policy must meet ANSI standards and the employee must provide documentation certifying this when requested.
8. Employees are expected to have their steel-toed boots on-site available to be worn as job duties require, to help ensure employee safety. As with all personal protective equipment, boots can be inspected by the supervisor as needed.

Charge to:

MOD:

	Building Maintenance	630-74010
	Landscape Maintenance	620-74010

Amount of Refund:

\$ _____

GRF:

	Golf	461-6230
	Facilities Maintenance	471-6230
	Vehicle Maintenance	473-6230
	Landscaping	474-6230
	Custodial	475-6230

\$ _____



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I hereby certify that I have inspected the named employee's safety boots, and they are in accordance with the American National Standards Institute (ANSI). These safety boots are regularly worn at work, and this employee is eligible for reimbursement.

Employee Name: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____