

**CITY OF STOCKTON
RISK SERVICES
REQUEST/AUTHORIZATION FOR PROTECTIVE FOOTWEAR**

**(Name of Employee)
(Please Print Clearly)**

(Job Title & Department)

When the City of Stockton requires an employee to wear safety protective footwear, the boots/shoes shall be provided by the City of Stockton in accordance with the Safety Protective Footwear Policy (HR-34) which specifies that the footwear standards of ASTM F2412 and ASTM F2413, be met.

Authorization to purchase first pair , or, to replace damaged/worn-out safety protective footwear is approved. Damaged or worn-out protective footwear has been examined by the immediate supervisor and verified that said footwear requires replacement. Photos of damaged safety protective footwear will be provided with the protective footwear request.

(DATE)

(SUPERVISOR SIGNATURE REQUIRED)

The City of Stockton has designated the "RED WING SHOE STORE," 6032 Pacific Ave. and "WORK WORLD SHOE STORE" in Weberstown Mall, as the suppliers for safety protective footwear. **Employees must present this form and proper identification to the salesperson.** The employee will receive one copy to keep for their records. Refunds are not allowed. However, exchanges for a different shoe will be considered by the store personnel.

- | | |
|--|-------------------|
| <input type="checkbox"/> Mid-Management / Supervisory Level Unit (B&C) | \$200.00 SO-AN |
| <input type="checkbox"/> Trades and Maintenance Unit | \$200.00 SIS-AN |
| <input type="checkbox"/> Operations and Maintenance Unit | \$200.00 SIS-AN |
| <input type="checkbox"/> Water Supervisory Unit | \$200.00 SIS-1PFY |
| <input type="checkbox"/> Stockton City Employees' Association (SCEA) | \$200.00 SO-AN |
| <input type="checkbox"/> Other as Reviewed/Approved | \$200.00 SO-AN |

EMPLOYEE SIGNATURE _____

DATE _____

DEPARTMENT HEAD/DESIGNEE
APPROVAL _____

DATE _____

RISK SERVICES – RISK MANAGER
AUTHORIZATION _____

DATE _____

This authorization is VOID if modified or not used within 30 days