

**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., "WORK WORLD SHOE STORE" in Weberstown Mall, and "BOOT BARN," 913 W March Ln., 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. *If your specific MOU provides for socks and insoles to be purchased with remaining funds, you may do so **AFTER** OSHA/ANSI appropriate shoes have been purchased.*

- [] Mid-Management / Supervisory Level Unit (B&C) \$200.00 Shoes only - as needed
- [] Trades and Maintenance Unit \$200.00 *Shoes first; socks/insoles after* - as needed
- [] Operations and Maintenance Unit \$200.00 *Shoes first; socks/insoles after* - as needed
- [] Water Supervisory Unit \$200.00 *Shoes first; socks/insoles after* - 1/fiscal year
- [] Stockton City Employees' Association (SCEA) \$200.00 Shoes only - as needed
- [] Other as Reviewed/Approved \$200.00 Shoes only - as needed

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