

# SAFETY SHOE POLICY

Name: \_\_\_\_\_ S#: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Employees must comply with the following conditions to participate:

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

1. To qualify: the employee must be employed Full-Time and their job duties must include exposure to the hazards of large or heavy items falling on their feet.
2. SLCC will reimburse up to \$80.00 toward the cost of safety shoes and/or boots. The reimbursement will not cover the cost of sales tax.
3. Reimbursement for safety shoes will be once every three years.
4. Safety shoes must meet the ASTM Rating of F-2413 and have a safety toe (either steel or composite). This rating will be indicated on the tongue tag of the shoes. This rating will be verified by the Environmental Health and Safety Manager.
5. Employee shall purchase their safety shoes at any retail facility that they choose using their own funds.
6. The safety shoes shall only be for and worn by the employee. \*Violation of this rule by an employee shall be subject to disciplinary action\*.
7. Employee must submit a copy of the receipt for their safety shoes, with their name and S-Number on the receipt copy to the Environmental Health and Safety Manager for approval prior to reimbursement.

**ATTACH RECEIPT HERE**

Supervisor/Manager:

\_\_\_\_\_

Approved by:

\_\_\_\_\_

Sherie Thornton, Environmental Health & Safety Manage