

Edmonson County Water District

SAFETY FOOTWEAR REIMBURSEMENT REQUEST FORM

Date of Request:	Date of Purchase:	Amount of Reimbursement
Employee Name:		
Department Number:		
The boot for which reimbursement is being requested meets the current requirements of the employee's job as determined by the job hazard analysis evaluation. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee's Signature:		Date:
Bookkeeper's Signature:		Date:

Safety protective footwear must meet or exceed the current ANSI Z41.1-1999 or ASTM F-2412 or F-2413 specifications in order to receive reimbursement.

ECWD will reimburse employee 50 percent of the cost of required footwear, up to a maximum amount of \$225 yearly. The reimbursement per year may be requested only at time of purchase of new footwear. The amount may NOT be carried over to future years. This request must be accompanied by the original sales receipt along with proof that the footwear meets or exceeds the referenced specifications.

Leather Footwear	Rubber Footwear
<input type="checkbox"/> Minimum of 6" Boot Height <input type="checkbox"/> Steel or Composite Toe <input type="checkbox"/> Electrical Shock Resistant (EH) <input type="checkbox"/> Slip/Oil Resistant Sole (Vibram Outsole Approved) <input type="checkbox"/> Color requirements (Brown, Black, or Tan - No Camo)	<input type="checkbox"/> Minimum of 6" Boot Height <input type="checkbox"/> Steel or Composite Toe <input type="checkbox"/> Electrical Shock Resistant (EH) <input type="checkbox"/> Color requirements (Brown, Black, or Tan - No Camo)