UNIFORM REQUEST

Employee Name: _____ Date: _____

Station/Shift Assignment: _____ Reason for request: _____New Issue _____Replace

Uniform item	Size	Qty.	Reason for Request

Employee Signature: _____

Supervisor Use

Supervisor Review Notes:

_____

_____

_____

_____

Supervisor Recommendation: _____ Approved _____ Not Approved (check one)

Supervisor Signature: _____

Office Use

Request Fulfilled by: _____ Date: _____