



# Safety Footwear Purchase Approval

## DIRECTIONS

Please complete all sections. This form should be completed, signed, and submitted to Grounds administrative office by the 15<sup>th</sup> of each month. Previous safety footwear must be returned the same day new footwear is received.

## EMPLOYEE INFORMATION

Aggie ID: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Last Issue: \_\_\_\_\_

## PURCHASE INFORMATION (Maximum Allowance is \$150)

New Purchase

Replacement Purchase

## EMPLOYEE VERIFICATION

*I agree to comply with all rules and regulations concerning the purchase and use of safety footwear per NMSU Facilities and Services' Policies and Procedures: ADM-007*

Employee's Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## SUPERVISOR APPROVAL

*I certify that the employee receiving safety footwear performs work requiring safety footwear and is expected to continue employment for a minimum of 6 months.*

Supervisor Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ADMINISTRATIVE USE ONLY

Date Received: \_\_\_\_\_ Index: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

Red Wing

WorkWear

Other \_\_\_\_\_

Reviewed/Received by Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_