



### Request for Reimbursement Form – Safety Boot Allowance

Employee name: \_\_\_\_\_

Position: \_\_\_\_\_ Shop: \_\_\_\_\_

Employee: Complete form and attach receipt (copies acceptable) and product description. Return completed form to supervisor for review.

Allowance requested (*purchase amount including tax, up to a maximum of \$150*): \_\_\_\_\_

I confirm that this footwear meets the [ASTM F2413 requirements](#). I will wear this footwear on a regular basis at University of Washington job sites. I have not received a Safety Boot Allowance in the past 12 months.

Signature: \_\_\_\_\_

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

*\*Employee note: once processed, the eReimbursement payment will require your review and approval. You will receive an email with instructions you must follow to receive reimbursement. For assistance or to check the status of your reimbursement, see your unit administration.*

Supervisor: Complete this section and once approved, return to Manager/AD for final approval.

Employee's job title is represented by the Washington Federation of State Employees (WFSE) bargaining unit and is therefore eligible for Safety Boot Allowance. Employee's footwear selection conforms to ASTM F2413.

Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Shop: \_\_\_\_\_

Manager/AD Approval: I have reviewed and approve this reimbursement.

Signature: \_\_\_\_\_

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