

**CITY OF OAKLAND
SAFETY SHOE AUTHORIZATION REQUEST FORM**

SECTION 1: EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____

JOB CLASSIFICATION: _____ BARGAINING UNIT: _____

AGENCY/DEPARTMENT: _____

ADDRESS: _____

PHONE: _____ CELL _____ EMAIL: _____

EMPLOYEE'S SIGNATURE _____ DATE _____

SECTION 2: ELIGIBILITY QUESTIONNAIRE

JOB TITLE:

JOB DESCRIPTION :

WHAT PARTS OF YOUR JOB REQUIRES SAFETY SHOES?

HOW MANY HOURS PER DAY DO YOU DO THIS JOB?

SECTION 3 : AUTHORIZATION TO RECEIVE BENEFIT

AGENCY/DIRECTOR Approval Signature _____ Date _____

The above cited employee is hereby authorized/not authorized to receive a shoe voucher to participate in the City's Shoe Program and is eligible to receive one pair of CAL/OSHA & American National Standards Institute - ANSI Shoes.

Risk Management, Authorizing Signature _____ Date _____

Approved Not Approved (State Reason: _____)