*$250 limit (final total price after tax)
*shoes must be laced/no pull-on
*shoes must have safety toes
*for employees performing electrical work, shoes must be “all” leather

Safety Shoe Authorization Form

Note: The Department of Environmental Health and Safety (EHS) must sign this form and approve the request. **Safety shoes should only be requested for employees who are exposed to foot injuries.**

Employee's Name _____ **Department** _____

Job Title _____ **Phone #** _____

Supervisor's Name _____ **Phone #** _____

Please indicate (below) why you are authorizing safety shoes

☐ This employee is **new** or has not been issued safety shoes.

☐ This person needs **replacement** safety shoes. Refer to Safety Shoe Procedures for details.

I confirm that I have inspected the shoes to be replaced and deem them in need of replacement. Employees shall discard their old shoes upon receipt of the replacement.

Manager/Supervisor Signature _____ **Date** _____

EHS Signature _____ **Date** _____

Cal State East Bay
Department of Environmental Health & Safety
(510) 885-2250