

UNIFORM REQUEST FORM

Requester Information:

Full Name: _____
Department/Unit: _____
Employee ID: _____
Contact Phone: _____
Email Address: _____

Uniform Item Request Details:

Type of Uniform Item: _____
Size (e.g., S, M, L, XL): _____
Quantity: _____
Color/Style Preference: _____

Justification for Request:

Acknowledgement and Agreement:

By submitting this Uniform Request Form, I certify that the information provided is true and correct to the best of my knowledge. I understand that issuance of uniform items is subject to availability and approval by the Uniform Program Administrator. I agree to comply with all applicable uniform policies and return any issued items upon termination of employment or upon request. Misuse or unauthorized use of uniform items may result in disciplinary action, up to and including termination of employment.

Signature of Requester: _____

Date: _____

Uniform Program Administrator Use Only:

Approval Status: _____

Comments / Notes:

Administrator Signature: _____

Date:

This Uniform Request Form and any approvals issued hereunder shall be governed by and construed in accordance with the laws of the United States, without regard to its conflict of laws principles. The requester and the organization agree that any disputes arising out of or related to this Form shall be resolved in the appropriate federal or state courts located within the United States. This Form constitutes the entire agreement between the parties regarding uniform requests and supersedes any prior agreements or understandings, whether written or oral.

REQUESTER SIGNATURE

ADMINISTRATOR SIGNATURE

Signature: _____

Signature: _____

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