

UNIFORM & EQUIPMENT ISSUANCE AGREEMENT

Employee _____ Name _____
 Department _____

You are being issued the following uniform and/or equipment items at no cost to you. You are responsible for the maintenance, laundry and/or care of these items. All uniform items must be kept neat and clean and in good condition at all times.

ITEMS ISSUED:

Date Items Issued	Items Issued To Employee	Quantity of Items Received	Replacement Cost of Items	Employee's Signature of Receipt	Supervisor's Name Distributing Items	Date Items Returned	Employee's Signature of Returning Items	Supervisor's Name Receiving Items

REPLACEMENT OF ITEMS

- In the event of a lost, destroyed or damaged uniform or equipment, you are responsible for the cost of the replacement items. Cash or check is required for replacement of the item. Payroll deduction may be arranged by written request from the employee.
- In the event of uniform normal wear and tear, items should be exchanged for the replacement items. You will not be charged for the cost of replacing items due to normal wear and tear to uniform items.

RETURN OF ITEMS

Upon separation of employment from Cal Poly Pomona Foundation, the following terms will be applied:

- All uniform or equipment items issued are considered Foundation owned property and must be returned in good and usable condition no later than your last day of employment.
- If the issued uniform or equipment items are not returned upon separation of employment or the items are returned damaged and unusable, the cost of replacing these items will be withheld from your final pay check.

CLEANING OF UNIFORMS

- All uniform items have noted washing instructions. General instructions are to wash the item in cold water and may be dried under the low heat setting.
- Items requiring dry cleaning, are to be submitted to your supervisor. The items will be cleaned and returned to you within a reasonable time period.

I thoroughly understand the above Agreement and agree to abide by the indicated terms. Should I fail to return any item(s) listed upon employment separation from the Foundation, my signature authorizes Cal Poly Pomona Foundation, Inc., to deduct the replacement cost of such item(s) from my final paycheck.

 Signature of Employee _____ Date _____ Signature of Supervisor _____ Date _____

Original: Supervisor file Copy: Employee