



**Facilities Maintenance Services (FMS)
Uniform Authorization for Payroll Deduction**

I, _____, have been issued a:

<u>Description</u>	<u>Replacement Cost</u>
<input type="checkbox"/> Uniform Jacket	\$90.00 first year issued
<input type="checkbox"/> Fire Rated Coverall	\$100.00 first year issued
<input type="checkbox"/> Uniform Fire Rated Jacket	\$140.00
<input type="checkbox"/> Fire Rated Shirt (11 issued)	\$45.00 each
<input type="checkbox"/> Fire Rated Pant (11 issued)	\$25.00 each

In the event that I lose any of the above selected items, or if I fail to return the selected items upon separation from Facilities Maintenance Services, I agree to have the cost deducted from my paycheck.

Employee's signature

Date

Uniform returned upon separation:

- Yes
- No

Employer's signature

Date

Copy of this form is to be given to the employee
in case the uniform does not get returned, send original form to:
BCN Payroll, MS0122