



Los Angeles Water and Power EMPLOYEES ASSOCIATION, INC.

111 N. Hope Street, Room A-17 Los Angeles, CA 90012-2694
Phone: (213) 367-3146 Fax: (213) 367-3286

SAFETY SHOE PROGRAM Supervisor Authorization

Exempt Permanent

_____ is a participant in the Employees Association
(print employee's name clearly)
Safety Shoe Program. Please only provide the type of safety shoe identified by the supervisor below.

I, _____ am the supervisor of the requesting employee, and
(Print supervisor's name clearly)

have reviewed their work conditions. It has been determined that the work conditions do require foot protection.
{OSHA 3385: "Appropriate foot protection shall be required for employees who are exposed to foot injuries from electrical hazards, hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions, which may cause injuries or who are required to work in abnormally wet locations.}

The following safety shoe is adequate for these working conditions:

{Supervisor initials only one type of safety shoe that the employee is authorized to purchase. Initialing two (2) types invalidates the request.}

ASTM F2413-05 Standard Specification for Performance Requirements for Foot Protection and meet ASTM F2412-05 Standard Test Methods for foot protection. (Initial one)

_____ Non-protective toe safety work shoes\boots that meet ASTM F2413-05

_____ Protective reinforced toe safety work shoes\boots that meet ASTM F2413-05

_____ Climbing boots that meet ASTM F2413-05

_____ Date: _____
(Signed by supervisor in blue ink)

Shoe vendors only:

Only one shoe type can be initialed. If there are two (2) or more types initialed this form is invalid and the request will be denied.

- This letter indemnifies the shoe store from liability for the above named employee only
- The form is only good for one purchase of (two pair maximum) safety shoes per year
- Modified or duplicated documents are not acceptable (whiteout, change of name, etc.)
- Purchase receipt must be dated within 30 calendar days of date of supervisor's approval
- Only one purchaser may use this document
- You must submit this document with all other paperwork when requesting reimbursement

WE WILL NOT PAY INVOICES WITHOUT THIS DOCUMENT ATTACHED