



I, _____, acknowledge receipt of _____ garments as part of my required work uniform. I will notify my supervisor and service contract provider if I receive less than the quantity specified above.

I understand that I am responsible for returning all uniforms to a representative of Facility and Property Oversight should my employment with Facility Services end. I also understand the cost of any uniforms not returned to the department will be withheld from any compensation due to me at the end of my employment with Facility Services. I also understand that I can be charged, through payroll deduction, for any lost uniforms throughout the term of my employment.

I have read the uniform policy and agree to abide by the guidelines set forth by the department.

Employee's Signature

Employee's Workday ID or 89#

Date