



## ACKNOWLEDGEMENT OF RECEIPT OF FOOTWEAR ALLOWANCE

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Work Phone # \_\_\_\_\_

I acknowledge receipt of an allowance from the Town of Marana for

\_\_\_\_\_  
(Type of footwear)

in the amount of \$\_\_\_\_\_.

I acknowledge that if I leave employment with the Town for any reason within 30 days of receiving this allowance for footwear, I will be required to reimburse the Town for 50 percent of the allowance I received. I understand that if I fail to reimburse the Town, the Town may deduct the amount owed from my pay. **I authorize the Town of Marana to withhold the amount of repayment from my final paycheck.** In addition, I understand that if the amount of my final paycheck is not sufficient to cover the cost of repayment to the Town, I will be required to reimburse the Town for the amount due at the time of termination.

I further acknowledge that I have read and understand the Town of Marana Uniforms Administrative Directive.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

cc: copy of completed/signed form to Employee, Human Resources, Originating Department