



## ACKNOWLEDGEMENT OF RECEIPT OF UNIFORM APPAREL

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

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

Employee Position: \_\_\_\_\_ Work Phone # \_\_\_\_\_

I acknowledge receipt of the following articles of Town of Marana uniform apparel:

- |   |              |
|---|--------------|
| <input type="checkbox"/> Jeans or work slacks | Number _____ |
| <input type="checkbox"/> Button-front shirts  | Number _____ |
| <input type="checkbox"/> T-shirts             | Number _____ |
| <input type="checkbox"/> Polo shirts          | Number _____ |
| <input type="checkbox"/> Hats                 | Number _____ |
| <input type="checkbox"/> Coats                | Number _____ |

I acknowledge that I must return all articles of uniform apparel still in use to my supervisor upon termination of my employment with the Town. I understand that I will be required to replace any missing articles of uniform apparel at my expense. I understand that if I fail to replace any missing articles of uniform apparel, the Town may deduct the value of the unreturned items from my pay. **I authorize the Town of Marana to withhold the value of the unreturned articles of uniform apparel 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