

UNIFORM REPLACEMENT

Employee: _____

Shirt(s): Number _____ Size _____ Ladies or Mens (circle one)

Apron(s): Number _____ Site Name _____

Reason: _____

Site Sup Signature: _____ Date: _____

By signing, Site Supervisor certifies that Employee has brought in a uniform item requiring replacement and that you have determined that it is unwearable due to damage, wear, or staining. **New uniform items will not be issued without Site Supervisor's signature.** Please return completed form to Program Operations TCIII via courier mail. Thank you.