

**CITY OF OAKLAND**  
**SAFETY SHOE AUTHORIZATION REQUEST FORM**

**SECTION 1: EMPLOYEE INFORMATION**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_ BARGAINING UNIT: \_\_\_\_\_

AGENCY/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 2: ELIGIBILITY QUESTIONNAIRE**

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION : \_\_\_\_\_

WHAT PARTS OF YOUR JOB REQUIRES SAFETY SHOES?  
\_\_\_\_\_

HOW MANY HOURS PER DAY DO YOU DO THIS JOB?  
\_\_\_\_\_

**SECTION 3 : AUTHORIZATION TO RECEIVE BENEFIT**

**Bureau Manager or Supervisor Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The above cited employee is hereby authorized/not authorized to receive a shoe voucher to participate in the City's Shoe Program and is eligible to receive one pair of CAL/OSHA & American National Standards Institute - ANSI Shoes.

**Risk Management, Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Approved                      Not Approved                      (State Reason: \_\_\_\_\_ )