

CITY OF EUREKA

WORK BOOT ALLOWANCE REQUEST

EMPLOYEE COMPLETE THIS SECTION

DATE _____

This request is for: NEW PURCHASE For fiscal year: _____

Description of item: _____

Actual Cost: _____

Please attach a copy of the invoice.

CERTIFICATION: I certify that the forgoing claim is just and that the costs incurred are in the line of duty and purchased items are used in the performance of assigned duties.

DATE _____

EMPLOYEE SIGNATURE _____

EMP # _____

EMPLOYEE NAME, PLEASE PRINT _____

Employees in the classes listed below shall be eligible to receive up to \$125 one each fiscal year toward purchase of work boots. To be eligible for reimbursement for purchased boots, an employee must submit the receipt for those boots within the same fiscal year, whereupon they will be reimbursed for the actual cost of the boots or \$125, whichever is less. An employee who has not submitted a receipt by the last day of the fiscal year (June 30) will not be eligible for reimbursement for that particular fiscal year. Eligible classes are: HEAVY EQUIPMENT OPERATOR, MAINTENANCE WORKER I, MAINTENANCE WORKER II, SENIOR MAINTENANCE WORKER, MAINTENANCE SUPERVISOR.

DIRECTOR/DEPARTMENT HEAD

Request denied. Reasons: _____

Claim recommended for payment in the amount of: \$ _____

DIVISION MANAGER APPROVAL _____

DATE _____