# *UNIFORM ISSUE APPROVAL FORM*

## FOR USE BY NA EMPLOYEES REQUESTING NEW OR REPLACEMENT UNIFORM ITEMS

**EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | Employee ID |  |
| **Contract** |  | Male/Female |  |
| **Job Title** |  | Tel |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description (Item) – Please circle** | **Add Size** | **Qty** | **CP#** (Logistics only) |
| **Shirt:** White / Blue / Red  Short Sleeve / Long Sleeve |  |  |  |
| **Trouser:** Blue / Khaki |  |  |  |
| **Boot:** Black / Khaki |  |  |  |
| **Belt:** Small / Medium / Large / Extra large |  |  |  |
| **Vest :** Blue Tac / Hi-viz |  |  |  |
| **Fleece:** Small / Medium / Large / Extra large |  |  |  |
| **Winter Jacket:** Small / Medium / Large / Extra large |  |  |  |
| **Cap:** EMT / Paramedic |  |  |  |
| **Signage:** Patch/Epaulettes/ Metal Badge/Embroidery |  |  |  |
| **Helmet:** One size |  |  |  |
| **Boonie Hat:** |  |  |  |

## Reason For (please circle)

New Employee Change Contract Replacement Other

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Approved by (Name)** |  | **Approver Signature** |  |
| **Employee ID** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee (Name)** |  | **Employee Signature** |  |
| **Employee ID** |  | **Date** |  |