

**STATE OF HAWAII- EXECUTIVE BRANCH
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM**

Attachment B

Part 1: EMPLOYEE INFORMATION

Dept.: _____ Division: _____ Island: _____
 Branch: _____ Employee: _____ Phone: _____
 Baseyard: _____ Position Title: _____

Part 2: APPROVED COST ALLOWANCE FOR PROTECTIVE FOOTWEAR FOR EMPLOYEE'S POSITION	Part 4: REQUESTED FOOTWEAR
<p>Type of foot protection required: See attached Hazard Assessment Certification for Foot Protection form (Attachment A)</p> <p>Allowance Amount based on Safety Shoe Allowance Chart: _____</p> <p>The cost of the safety shoes shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee up to the approved allowance amount (which includes shipping costs or costs of returns) for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost in excess of the applicable allowance.</p>	<p>VENDOR: _____ BRAND: _____ STYLE: _____ SIZE: _____ TOTAL COST : _____</p> <p>VENDOR CERTIFICATION: I certify that the safety shoes provided meets the hazard assessment requirements of the employee's position.</p> <p>_____ Vendor Representative Signature Print Name</p> <p>SUPERVISOR CERTIFICATION (for online purchases): I certify that the safety shoes listed above meets the hazard assessment requirements of the employee's position.</p> <p>_____ Supervisor or Designee Signature Print Name</p>

Part 3: APPROVAL TO PURCHASE SAFETY FOOTWEAR

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated on Attachment A. The allowable cost of the protective footwear shall be paid by the Employer as described in Part 2 above and if the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for any amount exceeding the allowable cost of the protective footwear.

APPROVAL OF DIVISION/BRANCH CHIEF/OR MANAGEMENT REPRESENTATIVE:

_____ PRINT NAME	_____ SIGNATURE
_____ POSITION TITLE	_____ DATE

APPROVAL OF SAFETY OFFICER OR PERSON WHO CONDUCTED HAZARD ASSESSMENT:

_____ PRINT NAME	_____ SIGNATURE
_____ POSITION TITLE	_____ DATE

ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE) Email

copy to DHRD Safety Office (dhrd.ecd.safety@hawaii.gov) and Departmental Human Resources Office