

Employee Uniform and Protective Gear Agreement Form

This agreement outlines the responsibilities and terms regarding the company-provided uniforms and Personal Protective Equipment (PPE) issued to the employee. Please complete, sign, and return this form to the Human Resources department.

1. Employee Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Supervisor Name:	<input type="text"/>	Date:	<input type="text" value="MM/DD/YYYY"/>

2. Issued Uniforms and Protective Gear

The following items have been issued to the employee in good, clean, and functional condition:

Item Description	Size/Model	Quantity	Estimated Replacement Value (\$)	Date Issued
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

3. Terms and Conditions of Agreement

- I acknowledge receipt of the items listed above and confirm they are in functional and satisfactory condition.
- I agree to wear the required uniforms and safety gear during all working hours as mandated by company policy and safety standards.
- I agree to maintain, clean, and care for the issued gear. Any damage or loss must be reported immediately to my supervisor.
- I understand that these items remain the property of the company and must be returned in clean condition upon my separation from the company or upon request.
- If I fail to return the issued equipment, or if it is returned damaged beyond normal wear and tear, I authorize the company to deduct the replacement value specified above from my final wages, to the extent permitted by law.

4. Acknowledgment and Authorization

By signing below, I certify that I have read, understood, and agree to the terms of this Uniform and Protective Gear Agreement.

Employee Signature:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Authorized Representative Signature:	<input type="text" value="Sign on printed copy"/>	Date:	<input type="text" value="MM/DD/YYYY"/>