



REQUEST FOR WORK CLOTHES

PERSONAL INFORMATION REQUIRED:

First Name:	Last Name:
Permanent Address/street:	City/Town:
Province/Territory:	Postal Code:
Telephone number:	Fax number:
Cell Number:	Email Address:

All information is required; if anything is not filled out your application will not be processed. This is a once in a lifetime benefit to eligible clients.

Location of employment: _____ Do you work? Indoors or outside _____
 Does your employer provide clothing allowance? Yes or No _____ How long have you worked there? _____
 Employers Name: _____ Telephone number: _____
 What kind of job do you do? _____

Reason for request. _____

Expenses	Requesting	For Office Use Only: Amount approved	Confirmation: Finance Dept
Hard Hat	\$		
Steel Toe Boots	\$		
Safety Glasses	\$		
Work Jacket	\$		
Winter Gloves	\$		
Winter underwear/socks	\$		
Coveralls	\$		
Other	\$		
Total Amount	\$		

Declaration of applicant

I _____ accept the amount of financial assistance provided as approved above. I understand that I must provide written proof that I completed the training specified. I further understand and agree that if I fail to complete the training specified without having reasonable cause, I must repay the total amount advanced to me or paid on my behalf.

Applicants Signature: _____ **Date:** _____

Financial Assistance is hereby: Approved Not Approved

Details: _____

Manager of Education Signature _____ Date: _____