

**FERMILAB/KNIPPEN'S SHOES SAFETY TOE FOOTWEAR REQUEST**  
**P.O. Number 629068**

Employee Name \_\_\_\_\_ ID# \_\_\_\_\_ Ext. \_\_\_\_\_

Expenditure Organization \_\_\_\_\_ Project # \_\_\_\_\_ Task# \_\_\_\_\_

**This employee is to be provided with one pair of ANSI Class 75 safety toe footwear as indicated below.  
The supervisor must sign this request.**

**INSTRUCTIONS FOR OBTAINING SAFETY TOE FOOTWEAR**

1. Fill out the information above, including your task number and project number, for one pair of ANSI Class 75 safety toe footwear. The form must be signed by your supervisor, and others, as indicated. A separate form is required for each pair of safety toe footwear you require. **Please make and/or keep a copy of completed form for your records.**
2. Bring this form and your Fermilab I.D. card with you to order your safety toe footwear. The vendor "shoe-mobile" is available in the parking lot east of Site 38 Vehicle Maintenance every Tuesday from 8:00 a.m. to 4:00 p.m. (closed for lunch from 11:30 a.m. to 12:30 p.m.).
3. If you choose a style that costs more than the \$100 allocated by Fermilab, you are responsible to pay the additional amount at the time the order is submitted. Make check or money order payable to "Knippen Shoes." (Note: The Lab will pay the additional cost for medically prescribed and occupationally required corrections.)
4. Many styles are stocked in the shoe-mobile and can be picked up immediately upon placement of the order. Other footwear will be delivered to the shoe-mobile within two weeks and can be picked up at that time. Please check with the vendor about delivery times when you place your order. **If you have any questions, contact the ESH&Q Section at Ext. 5811.**

_____ ID# _____ Ext. _____ Date _____
Supervisor's Signature

**IN ADDITION, THE FERMILAB OCCUPATIONAL MEDICINE DIRECTOR MUST SIGN THIS FORM FOR FOOTWEAR REQUIRING MEDICALLY-PRESCRIBED CORRECTIONS.**

<b>Medically prescribed corrections required (describe):</b>	
_____ _____	
_____ FNAL Occupational Medicine Director's Signature & ID#	_____ Date

**THE DIVISION SAFETY OFFICER MUST SIGN THIS FORM FOR FOOTWEAR REQUIRING UNUSUAL OCCUPATIONALLY-REQUIRED OPTIONS.**

<b>Unusual occupationally required options required (describe):</b>	
_____ _____	
_____ Division Safety Officer's Signature & ID#	_____ Date

**TO BE FILLED OUT BY KNIPPEN REPRESENTATIVE ONLY**

DATE: \_\_\_\_\_

SHOE STYLE: \_\_\_\_\_

SIZE: \_\_\_\_\_

KNIPPEN PRICE: \_\_\_\_\_

AMOUNT COVERED BY FERMILAB:

\$ \_\_\_\_\_

AMOUNT COVERED BY EMPLOYEE:

\$ \_\_\_\_\_

Received by: \_\_\_\_\_ ID No.: \_\_\_\_\_ Date: \_\_\_\_\_