

Personal Protective Equipment Reimbursement Form Safety Footwear and Prescription Safety Glasses

Unionized employees who are required to wear safety boots, shoes, or prescription safety glasses are entitled to reimbursement in accordance with the terms and conditions as outlined in NBCC's various Collective Agreements.

To facilitate the appropriate reimbursement, please complete this form and send it to <u>p2p@nbcc.ca</u> with a copy of your proof of payment. Once processed, your reimbursement will be deposited into your bank account.

To define Safety footwear and Safety eyewear we are referencing the OHS Regulations 91-191.

Where an employee is exposed to a hazard that may injure the employee's foot, the employee shall use protective equipment that is appropriate to the hazard and conforms to CSA standard CSA Z195:14 "Protective Footwear".

Where an employee is exposed to a hazard that may irritate or injure the eyes, the employee shall use protective equipment that is appropriate to the hazard and that conforms to CSA standard CSA Z94.3:20 "Eye and face protectors".

Application for Safety Boots and Eyewear Reimbursement			
Employee Name			
Employee ID#			
Employee Home Address			
Campus Location			
Bargaining Unit			
Collective Agreement Article			
Safety Apparel Categories			
Safety Footwear - Period Claimed 1-year 2-year			Enter amount claimed for safety boots/shoes. \$
Safety Eyewear-Period Claimed 2-year 4-year (option only applicable to instructors)			Enter amount claimed for prescription safety glasses. \$
Receipt			
Receipt(s) Amount \$			
Signature			
Signature of Applicant			
Approval Approval			
Affirmation of Manager (MNU) ¹ : This employee is <u>required</u> to wear the safety items for which reimbursement is claimed.	Signature:		Date:
TO BE COMPLETED BY P2P			
PAYMENT			
Approved amount for payment	\$		
Approval Signature		Date	

1 MNU - Management non-union