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	Safety Shoe Application Form			Document Ref: OCS-REC-SSAF

PART 1 - FILL UP BY APPLICANT			
Applicant Name:		This application is my: ☐ First ☐ Second ☐ Third ☐ _____	
Designation:	Handphone:	Signature:	Date:
Department:	Email:		
Date Joined:	Confirmed Staff: YES / NO *		
PART 2 - VERIFICATION BY HUMAN RESOURCES DEPARTMENT			
I am verifying that this applicant is eligible to obtain a pair of safety shoe subject to the approval of Project Director (PD).		Signature:	Date:
Name:	Appointment:		
PART 3 - APPROVAL BY PROJECT DIRECTOR			
I hereby acknowledged that this applicant is required to wear safety shoe and herewith give my approval for him/her to purchase a safety shoe.		Signature:	Date:
Name:	Appointment:		
PART 4 - PROOF OF PURCHASE BY APPLICANT			
I hereby certify that I have purchased a pair of safety shoe that meets the requirement of the Safety Shoe Policy and am requesting reimbursement via my Monthly Staff Claim. I have attached a receipt showing the Safety Shoe purchased and its total purchased price.		Signature:	Date:
Name:	Appointment:		
PART 5 - REIMBURSEMENT BY ACCOUNTS DEPARTMENT			
☐ Reimbursement done via Staff Claim. ☐ Amount RM: _____ ☐ Payment Date: _____		Signature:	Date:
Name:	Appointment:		
Note: This application form and the attached safety shoe purchase receipt is to be kept together with the Staff Claim by Accounts Department.			