

**Employee Uniform Acknowledgement Form**

**Company Name:
Department:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Information:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Employee ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Uniform Issued:**

* **Item Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Size:** \_\_\_\_\_\_\_\_\_\_\_ **Color:** \_\_\_\_\_\_\_\_\_\_\_
* **Quantity Issued:** \_\_\_\_\_\_\_\_

**Uniform Policies:**

1. **Care and Maintenance:** Employees are responsible for the regular cleaning and maintenance of the uniform. Uniforms should be kept in good condition, free from tears, stains, and excessive wear.
2. **Replacement:** Uniforms damaged beyond normal wear and tear must be reported immediately for replacement.
3. **Return Policy:** All uniforms must be returned in good condition upon termination of employment or when no longer required for the role.
4. **Penalties for Non-Compliance:** Failure to return the uniform or returning uniforms in poor condition may result in a deduction from the final paycheck or other disciplinary action.

**Employee Acknowledgement:** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), acknowledge that I have received the uniform items listed above and have read and understood the uniform policies. I agree to adhere to these guidelines and accept responsibility for the care and maintenance of the uniform.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Representative:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_