
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.

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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:** _____