

Employee Uniform Deposit Form

Employee Information:

- Name: _____
- Employee ID: _____
- Department: _____
- Position: _____

Uniform Details:

- Item(s) Issued: _____
- Quantity: _____
- Size(s): _____

Deposit Information:

- Deposit Amount: \$ _____
- Deposit Date: _____
- Payment Method: () Cash () Check () Payroll Deduction
- Check No. (if applicable): _____

Agreement:

I, _____ (Employee Name), hereby acknowledge receipt of the uniform items listed above and agree to the following terms:

1. I am responsible for maintaining the uniform in good condition.
2. I will return the uniform items in clean and good condition upon termination of employment or as requested by my employer.
3. I understand that failure to return the uniform items or returning items that are damaged beyond normal wear and tear will result in forfeiture of my deposit.

Employee Signature: _____

Date: _____

Employer Representative Signature: _____

Date: _____