
Employee Uniform Distribution Form

Company Name: Department:

Date: _____

Employee Information:


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

Uniform Distribution Details:

- Item Description: _____
- Size: _____ Color: _____
- Quantity Issued: _____
- Additional Items: _____

Issue Date: _____

Employee Acknowledgement: I, _____ (Employee Name), hereby acknowledge the receipt of the items as described above. I agree to comply with the company's uniform policy and understand that I am responsible for the maintenance and care of the uniform. I also agree to return the uniform items in good condition upon termination of employment or upon request by the employer.



Signature: _____

Date: _____

Employer Representative:

- **Name:** _____
- **Signature:** _____
- **Date:** _____

Instructions for Return: Please return the uniform in clean and good condition at the end of employment or as otherwise directed by your supervisor.