**Employee Uniform Deposit Form**

horizontal line

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