

Safety Shoes Purchasing Instructions

Proper Selection, Proper Fit: When the assessment, authorization, and purchase order forms have been completed the employer informs applicable employees of the parameters of the program, provides the employee a copy of these instructions after appropriate signatures are obtained, and explains how to obtain the shoes including:

1. The type of foot protection that is required of the position (e.g., impact/compression resistance of 30 ft./lbs. with additional high cut style requirements due to flying rocks during mowing).
2. The names of vendors on the island that are participating in the state program.
3. The state will pay for the actual cost of the required foot protection up to the allowance set by island and type of foot protection required. The employee pays for costs above the allowance amount. The allowance includes the Hawaii general excise tax.
4. The selection of shoe is not limited to brand, vendor, or model provided that the shoes meets all requirements stated on the authorization form and the vendor attest that the shoes meets **all** requirements as specified and agrees to the conditions of sale found on the reverse side of the authorization form.
5. The employee may select high or low cut shoes, except where high cut is required.
6. The state shall not pay for shoes that does not meet the requirements.
7. The importance of obtaining a proper **fit** as the employee is required to wear the type of foot protection indicated on the authorization form.
8. The employee must seek other vendors should they encounter difficulty in obtaining proper fit from a particular vendor or type of foot protection. Reasonable accommodations, paid by the employer, will be made to ensure proper foot protection. Overshoes are the last resort to meet job requirements.
9. Medical waivers for foot protection are not acceptable except for temporary conditions as certified by a medical practitioner licensed by the state. Applicable reasonable accommodations will be paid by the employer.

I have been informed of the Safety Shoes Policy, its requirements (as stated above), and how to obtain the required foot protection. In addition, the policy and purchasing guidelines shall be available for my review upon request.

Employer Signature _____

Date

Employee Signature _____

Date