

ALACHUA COUNTY PUBLIC SCHOOLS Employee Uniform Responsibility Form



Employee Name _____

School Name _____

Date Ordered _____ Date Delivered _____ Date Returned _____

I, the undersigned, acknowledge receipt of the following items and quantities:

Quantity Ordered	Quantity Received	Quantity Returned	Item	Size
			Polo shirt, Navy Blue w/embroidered logo	
			Full apron, Navy	N/A
			Half apron, Navy	N/A
			Visor, khaki	N/A
			Baseball cap, khaki	N/A

**Upon the termination of my employment or at the request of my supervisor, I, the undersigned, will return all uniform tops received, to the school site where I was employed. Failure to return these uniforms and/or damage of these garments will authorize the Alachua County School Food and Nutrition Services office to deduct from my salary the cost of the missing and/or damaged tops at a prorated amount based on the original rate stated below. Allowance will be made for reasonable wear and tear.

Wash & Care Instructions:

Before laundering turn shirts inside out to reduce external abrasion during the wash cycles. Machine wash with like colors using cold water. Do not use fabric softener or bleach. Tumble dry on low setting and remove garments from the dryer as soon as the cycle is complete to prevent undesired wrinkling of fabric.

Cost of Polo Shirt with Logo - \$14.99
 Cost of 1/2 Apron - \$3.99
 Cost of Full Apron - \$8.99

SIGNED _____ DATE _____

Total amount owed for missing/damaged items \$ _____
 Upon receipt of uniforms, please sign and return to Sarah Johnson @ Sivia Center.