

Protective Footwear**5.1.14****PURPOSE**

To provide protective footwear to employees when it is determined by the Director of Human Resources or designee that protective footwear is required for the employee.

AUTHORITIES

Applicable Memoranda of Agreement (MOA)

SCOPE OF APPLICATION

This policy shall apply to employees in classifications represented by AEA, AMSP, CAMP, CEO, IBEW, MEF, and OE#3.

Employees in classifications which are entitled to an annual uniform allowance as stated in the applicable MOA are not entitled to reimbursement under this policy, as the annual uniform allowance incorporates any protective footwear required by the employee.

POLICY**A. APPLICATION TO EMPLOYEES**

The department Safety Officer shall generate a list of all positions within the department that he or she believes should be provided with safety shoes. This list must include the following information:

- a. The hazard(s) the position is exposed to and specific examples of potential hazards.
- b. Frequency of time spent in the field exposed to foot hazard(s).

B. HUMAN RESOURCES APPROVAL

This list shall be presented to the Director of Human Resources, or designee, for review and approval.

C. SHOE PROVISION

Once a position is determined to be eligible for safety shoes, the department Safety Officer must determine how long ago the employee was last provided a shoe voucher (or safety shoe reimbursement).

- a. Safety shoes shall not be purchased for an employee more than once per calendar year.
- b. For all but the initial purchase of safety shoes, the employee must demonstrate that the previous pair of safety shoes purchased by the City has sufficient wear and/or damage to warrant the purchase of a new pair of shoes. This will be evaluated by the Director of Human Resources, or designee.

Protective Footwear**5.1.14****D. MEMORANDUM OF AUTHORIZATION**

If an employee is eligible for safety shoes, the Safety Officer shall provide the employee with a memorandum explaining that the employee is authorized to purchase safety shoes, and the employee will be provided with a voucher for the purchase of the protective footwear. Please refer to the applicable MOA to determine the maximum annual amount an employee may be reimbursed for protective footwear.

PROCEDURES

The following procedure applies to all requests for protective footwear:

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| Department Safety Officer | 1. Generate a list of employees in classifications that should be provided with safety shoes. |
| | 2. Present list to Director of Human Resources, or designee, for review and approval. |
| Director of Human Resources or designee (City-Wide Safety Manager) | 3. Review list of classifications provided by the Safety Officer and provide approval for safety shoes where appropriate. |
| Department Safety Officer | 4. Once a position is determined to be eligible for safety shoes, determine how long ago the employee was last provided a safety shoe voucher (or safety shoe reimbursement). |
| | 5. Evaluate the condition of the protective footwear when an employee requests a voucher to purchase a new pair of safety shoes. |
| | 6. Provide the employee with a memorandum explaining that the employee is authorized to purchase safety shoes, and send a completed Safety Shoe Authorization Form to Human Resources. |
| Director of Human Resources or designee (City-Wide Safety Manager) | 7. Provide approved authorization form and voucher for the purchase of the protective footwear to Department Safety Officer. |
| | 8. Track issuance of protective footwear vouchers. |

/s/ Joe Angelo
Director of Human Resources

July 14, 2015
DATE

SAFETY SHOE VOUCHER REQUEST FORM

Please complete and sign the form and submit it to your Department Safety Officer.

Employee Name	Classification	Position Number	Nature of Work	Type of Hazards	Specific Hazards	% of Time Exposed
Employee ID	Union	Department		Department Charge Code		

Required Signature for Approval:

Department Supervisor Date

Department Safety Officer Date

Human Resource Designee Date

Employee: you are authorized to purchase safety shoes or boots that comply with either ANSI Z41.1-PT99, ASTM F-2413-05 or ASTM F-2413-11 and are suitable for your specific working conditions. Employees who work with electricity should select EH – ELECTRICAL HAZARD safety toed shoes. For impact and crushing hazards, the shoe must have a rating of I/75 C/75.

Please check as necessary:

- | | |
|---|---|
| <input type="checkbox"/> OXFORDS
<input type="checkbox"/> ANKLES COVERED
<input type="checkbox"/> SPECIAL TREE CLIMBING BOOTS | <input type="checkbox"/> ELECTRICAL HAZARDS
<input type="checkbox"/> PUNCTURE HAZARDS
<input type="checkbox"/> SLIP HAZARDS |
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All shoes must meet the above requirements except as otherwise noted.

The City of San José will issue a voucher (up to **\$200** including taxes) for the purchase of safety shoes or boots. Any excess amount will be the employee's responsibility.

If there are any questions or concerns, please contact your Department Safety Officer.