

I. PURPOSE

- A. To establish proper requirements and procedures for the reimbursement of proper foot protection.

II. SCOPE

- A. This policy is applicable to all MTE employees requesting reimbursement for approved foot protection required for their job.

III. GUIDELINES

- A. The guidelines in the program are designed to ensure all employees have and wear proper foot protection.
- B. MTE will reimburse employees up to \$45 for approved foot protection.
- C. An employee will be allowed the reimbursement for foot protection once every fiscal year (July 1 to June 30).

IV. PROCEDURES

- A. The employee has the option to purchase approved foot protection on their own or order directly from MTE through various supply catalogs or vendors.
- B. An employee opting to be reimbursed for approved foot protection must complete a Foot Protection Reimbursement Form, which describes the style of foot protection and amount requesting to be reimbursed. A sales receipt must accompany the form before reimbursement will be made. This form must be submitted to the Supervisor and Safety Coordinator for reimbursement. The Safety Coordinator will then verify the foot protection and reimbursement amount.
- C. An employee may order approved foot protection directly from MTE. An employee will complete an order through the Safety Coordinator. The order will note MTE's cost and employee's cost. The employee may pay the cost up front or elect to have payroll deduction for the employee's cost.
- D. The Human Resource Department will maintain a list of employees receiving foot protection reimbursement for each fiscal year.

MENOMINEE TRIBAL ENTERPRISES

**REQUEST FOR REIMBURSEMENT
for
AUTHORIZED FOOT PROTECTION**

Please Print

Name		Date
Job Title		Department
Reason for Foot Protection		Supervisor
Ordered Through MTE Yes No	Request Payroll Deduction Yes No	Amount of Weekly Deductions
Style/Prescription Description		
Total Cost of Foot Protection (attach receipts)	MTE Reimbursement Amount Cost of Boots _____ MTE Max <u> \$45 </u> <small>Enter Costs of Boots if less than \$45 or enter MTE Max of \$45 if cost of boots is greater than \$45 in the reimbursement amount box.</small>	Reimbursement Amount
Employee Signature		Supervisor Signature
Last date of reimbursement:		Eligible for reimbursement: Y N
Authorized Foot Protection: Y N Date Verified:		Contact/Source:
Receipts Attached: Y N Payroll Deduction: Y N		Forms Completed: Y N
Authorized Reimbursement Amount:		Date of Check Request:
Comments:		
Signature of Verifier:		

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