

Annex C

City of San Angelo

Safety Shoe Policy

***Reviewed and Updated August 2016**

***Updated November 2017**

***Updated October 2019**

***Updated April 2022**

***Reviewed and Updated May 2024**

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City of San Angelo

Employee Safety Shoe Policy

Policy

The City of San Angelo (COSA) requires the use of foot protection where there is a reasonable probability that an injury could be prevented by such equipment. The minimum acceptable footwear is leather work boots with steel/composite toes or shoes with durable soles. Footwear, such as sneakers (tennis shoes), sandals, canvas tops, etc are not acceptable in a work environment where there is a reasonable probability that a foot injury could occur. This policy will also apply to any activity where an applicable Safety Data Sheet (SDS) states or recommends the use of specific footwear.

Procedures

- A) All safety shoes/boots purchased through COSA Employee Safety Shoe Policy will meet the minimum specifications outlined in this policy and the specifications described in the Safety Manual under Personal Protective Equipment.
- B) Employees desiring to purchase safety shoes/boots through the COSA Safety Shoe Policy must get a Safety Shoe Purchase Authorization Form from their Supervisor (located at the end of this section). **Purchases made by the employee for the benefit of anyone other than the employee will not be paid for by the city of San Angelo (COSA).**
- C) The employee's Supervisor will complete and sign the authorization form.
- D) The Supervisor will make a copy of the form and give it and the original to the employee.
- E) The Supervisor shall notify both Risk Management and Payroll by email on the same day that he/she authorizes the purchase.
- F) The employee will take the copy of the signed form to an authorized footwear provider. **COSA approved vendors are Cavender's, Mr. Boots and Red Wing.** If the employee chooses to use a different vendor, it must be approved by Risk Management, before purchase is made.
- G) The employee must also obtain, complete and sign a **Safety Shoe Payroll Deduction Form** (at the end of this section) **and deliver it along with the original of the Purchase Authorization and receipt from vendor to Risk Management no later than the next business day after the purchase.**
- H) The footwear provider must call Risk Management for pre-authorization if the safety shoe/boot purchase will exceed \$200.00.
- I) The footwear provider will bill COSA and forward the Authorization Form to Risk Management for processing within 10 days of the purchase.
- J) The attached Purchase/Payroll Deduction Form will replace all other safety shoe purchase forms.

Violation of this policy could result in disciplinary action up to and including termination.



City of San Angelo
72 West College Ave
#201-Risk Management
San Angelo, TX 76903

Phone: 325-656-4359
Fax: 325-657-4530

Safety Shoe/Boot Purchase Authorization

Employee Name: _____ is authorized to purchase one pair of safety shoes/boots. **Purchases made by the employee for the benefit of anyone other than the employee will not be paid for by the city of San Angelo (COSA).**

Department/Division: _____

Supervisor Printed Name: _____

Supervisor's Signature: _____

Date: _____

*****The Supervisor will notify Risk Management and Payroll by email the same day he/she authorizes this purchase.***

******The employee will deliver the original of this form (along with the Payroll Deduction Form) to Risk Management***

Merchant: Please remit bill to: City of San Angelo within 10 days purchase for prompt processing. Call 325-657-4359 for pre-authorization of any order over \$200.00.



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Employee Payroll Deduction Authorization

Employee Name: _____

Employee SSN#: _____

I hereby authorize deduction from my pay for safety shoes/boots in the amount of \$_____ **(\$25.00 minimum for purchases under \$200 and \$50.00 minimum for purchases equal to and exceeding \$200)** to be deducted each pay period. I understand that I am obligated to reimburse the City of San Angelo (COSA) for the total cost of this purchase. In the event my employment with COSA is terminated for any reason, the balance due will be deducted from my final paycheck.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

****Do NOT** give this form to the provider.

*****Employee is to deliver this Payroll Deduction Authorization Form (along with the original Purchase Authorization Form and receipt) to Risk Management no later than the first business day after the purchase.**

Re-revised November 2017
Re-revised October 2019
Re-revised May 2024