

Uniform Replacement Request Form

This form is to be completed by the employee and their Manager when requesting a replacement uniform. Forward completed form to HR. Order will be filled by HR and distributed by the crew member's department.

Crew member name: _____

Department: _____

Position: _____

Crew member signature: _____

Uniform item, size and number to be replaced:

one two

Reason for new uniform (please check)

faded damaged
 no longer fits other _____

Department Manager Sign off

I acknowledge that _____ (crew name) is in need of the above uniform items.

Department Manager Signature

Date

CC - Uniform Replacement Request Form	Revision date – July 20, 2021	Approved by: LM
Once completed this form becomes a record	Page 1 of 1	RMS Document