

## 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, 2023	Approved by: LM
Once completed this form becomes a record	Page 1 of 1	RMS Document