

Financial Services Department
 Phone : (321) 608-7010 | Fax: (321) 608-7048

Safety Shoe Allowance and Payroll Deduction Authorization

Employee Name: _____ **Employee ID#** _____

I, _____, have purchased Safety Shoes in accordance with the LIU Contract and request that the Safety Shoe allowance (\$125.00) be paid directly to Red Wing Shoes as partial payment. Additionally, I request that the balance of the cost of the Safety Shoes be deducted from my next five paychecks. Attached is the receipt provided by Red Wing Shoes.

Employee Signature	Date	Department/Division Head Signature	Date
		Account Code	
Total Cost	\$ _____		_____
Show Allowance	\$ <125.00> _____	*	-552110
Due from Employee	\$ _____		001-218045

*Insert applicable division account code

FOR PAYROLL USE ONLY

Payroll deduction:	Pay Period	Amount
	1 _____	_____
	2 _____	_____
	3 _____	_____
	4 _____	_____
	5 _____	_____
Total	_____	_____