



Employee Safety Shoe Order Form

Return order forms to Jo Anne Sharp at Support Services.

**Orders must be received by
5 pm on Monday, September 25, 2017**

Orders will not be accepted after this date!

Employee Name _____
Employee ID# _____
Campus/Position _____

Shoe Style # _____
Size _____
Wide Width (circle one) yes / no
Color _____
Total Price \$ _____
½ Price amount \$ _____

Shoe Style # _____
Size _____
Wide Width (circle one) yes / no
Color _____
Total Price \$ _____
½ Price amount \$ _____

Total payroll deduction amount \$ _____
(Deduction taken in full from the first paycheck following order date)

Employee Signature _____ Date _____

Shoe orders must be on order form and submitted by due date for consideration.

Shoes may be exchanged/returned within 60 days of order.

Safety shoe orders may be placed for Midway ISD employees only!