

UNIFORM ORDER FORM

F-021

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Employee Name:		<input type="checkbox"/> New Starter	4 x shirts / 4 x pants
Name on Shirt:		<input type="checkbox"/> Annual Reissue	3 x shirts / 3 x pants
Project Site:		Request Date:	___/___/___

GENERAL WORK WEAR – Enter amount needed and tick size

Sets	Description	Size
Combination 1 – Overalls and T-Shirts		
<input type="checkbox"/> 1	Overalls – Action Backs (Yellow & Navy)	Regular Fit <input type="checkbox"/> 77R <input type="checkbox"/> 82R <input type="checkbox"/> 87R <input type="checkbox"/> 92R <input type="checkbox"/> 97R <input type="checkbox"/> 102R <input type="checkbox"/> 107R
<input type="checkbox"/> 2		Stout Fit <input type="checkbox"/> 87S <input type="checkbox"/> 92S <input type="checkbox"/> 97S <input type="checkbox"/> 102S <input type="checkbox"/> 107S <input type="checkbox"/> 112S <input type="checkbox"/> 117S
<input type="checkbox"/> 3	Cotton T-Shirt (Hi-Vis Yellow)	<input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL
<input type="checkbox"/> 4		
Combination 2 – Trousers and Button Front Shirts		
<input type="checkbox"/> 1	Trousers – Drill (Navy)	Regular Fit <input type="checkbox"/> 77R <input type="checkbox"/> 82R <input type="checkbox"/> 87R <input type="checkbox"/> 92R <input type="checkbox"/> 97R <input type="checkbox"/> 102R <input type="checkbox"/> 107R
<input type="checkbox"/> 2		Stout Fit <input type="checkbox"/> 87S <input type="checkbox"/> 92S <input type="checkbox"/> 97S <input type="checkbox"/> 102S <input type="checkbox"/> 107S <input type="checkbox"/> 112S <input type="checkbox"/> 117S
<input type="checkbox"/> 3		Long Fit <input type="checkbox"/> 74L <input type="checkbox"/> 79L <input type="checkbox"/> 84L <input type="checkbox"/> 89L <input type="checkbox"/> 94L
<input type="checkbox"/> 4	Shirts – Button Front (Yellow & Navy)	Short Sleeve <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL
		Long Sleeve <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL
1 ONLY	Jacket (Bisley BJ6970T 3 in 1 Cotton Jacket Y/Navy)	<input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL

TERMINATION AND REIMBURSEMENT STATEMENT

You will be entitled to four (4) sets of clothing in the first order and three (3) additional sets for each year of continuous service. Each employee can order either of the above two combinations of work clothing he or she wants.

Once your ABM clothing has been issued it is mandatory that it be worn. It must not be worn in conjunction with any other clothing. All company issued clothing is to have the ABM Logo only.

Order forms can be taken away and brought back if you are unsure of your exact sizing. Completed forms must be returned to a company representative for ordering. As delivery takes approximately two weeks, ordering the incorrect size can double the delivery time. If clothing is ordered and does not fit, they are to be returned back to the office within 30 days and must not have been worn.

When you have been issued with uniforms but cease employment for any reason (other than end of contract) you must return your last clothing issue, laundered, or ABM Contractors reserves the right to deduct the cost of the last issue from your final pay.

I have read and understand the termination and reimbursement statement and authorise the deduction from my wage.

Employee Signature: Date: ___/___/___

All work clothes to have the ABM Logo, employees name and reflective taping.
For phone confirmation please call: 4984 7515 or 0407 142 247

:: OFFICE USE ONLY ::

Manager Name:		Purchase Order No.:	
Manager Signature:		Date Ordered:	___/___/___