



## EMPLOYEE'S UNIFORM RECEIPT AGREEMENT

The undersigned employee of the City of Providence hereby acknowledges receipt of the following uniform(s) and/or accessory(ies).

QUANTITY	DESCRIPTION

The employee agrees:

1. That all uniform(s) and/or accessory(ies) are to be worn and used only during hours of employment.
2. That they will observe all rules and regulations that may be promulgated concerning the use and care of uniform(s) and/or accessory(ies).
3. That they will compensate the City for all loss or damage occurring to uniform(s) and/or accessory(ies), ordinary wear and tear and circumstances beyond the employee's control excepted; and, in any case of total loss, or of any damage which shall make a uniform or accessory unusable, the employee shall compensate the City for any such damage or loss.
4. That upon suspension or termination of employment with the City, employees shall promptly surrender all uniform(s) and/or accessory(ies) to their Department Director or supervisor.

**EMPLOYEE NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_