

PROTECTIVE FOOTWEAR

Name: Date:

Department:

You have been issued with the following protective footwear by
Plastica Ltd:

Item	Size	Quantity	Unit Cost

I confirm that I understand that if I leave Plastica's employ in the twelve months following receipt of the above protective footwear, I will have the cost of the protective footwear deducted, pro rata, from my final salary payment* and I authorise the deduction if necessary.

I also confirm that by receiving the above protective footwear that I will wear them during my employment at all required times. I understand that if I do not wear them at the required times I may be subject to the Company Disciplinary Procedure.

Employee's Signature: Date:

Issuer's Signature: Date:

*Deductions will be made at the following pro rata rates:

During the 1st month of receipt – the whole amount will be deducted
During the 2nd month following receipt – 11/12 of the value will be deducted
During the 3rd month following receipt – 10/12 of the value will be deducted
During the 4th month following receipt - 9/12 of the value will be deducted
During the 5th month following receipt - 8/12 of the value will be deducted
During the 6th month following receipt - 7/12 of the value will be deducted
During the 7th month following receipt - 6/12 of the value will be deducted
During the 8th month following receipt - 5/12 of the value will be deducted
During the 9th month following receipt - 4/12 of the value will be deducted
During the 10th month following receipt - 3/12 of the value will be deducted
During the 11th month following receipt - 2/12 of the value will be deducted
During the 12th month following receipt - 1/12 of the value will be deducted

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