

**CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM
UNIFORM AND SAFETY SHOES AGREEMENT
CHILD NUTRITION DEPARTMENT**

Please write your initials in the appropriate spaces to indicate your understanding of the uniform and safety shoes requirements. *State quantity in spaces provided.*

★ Uniforms:

_____ I have received uniforms (*_____ pants, *_____shirts,) as provided by the Child Nutrition Department and understand that I am to dress at the assigned school.

★ Shoes:

_____ I have received *_____ pair of safety shoes and know that these shoes are to remain at my job location and I will wear them while at work.

OR

_____ I have refused to accept the safety shoes offered by the Child Nutrition Department and will provide my own slip-resistant shoe that meets the system's requirements and will provide these shoes at my own expense. In the event of a slip or fall, I will not hold the Clarksville-Montgomery County School System responsible.

OR

_____ I have not received the safety shoes offered by the Child Nutrition Department. I need a size _____(shoes do not come in a wide width).

Employee Signature

Employee Name (Printed)

School

Date Signed