SUBJECT: Safety Shoes Program

I. GENERAL:

The City of Portsmouth requires employees to wear, and assists in the purchase of, approved safety shoes where the nature of an employee’s duties involves exposure to safety hazards.

This policy is established to provide each department, where such conditions exist, with a guide to the rules under which safety shoes will be required.

II. PROCEDURE:

A. Approved-type safety shoes are required at all times, in those cases where, in the sole determination of Department Heads and supervisors, the nature of the work being routinely accomplished requires foot protection. Shoes must be ANSI, VOSH and/or OSHA standard or meet the standard requirements of any other appropriate agency.

B. The City will participate financially, with the employee, in purchasing the replacing safety shoes where they are required.

1. The City will furnish safety shoes and bear the full cost of the first pair only when initiating a Safety Shoes Program in a department where such a program has not previously existed.

2. The City will participate in the purchase and replacement of safety shoes up to a maximum of $100.00 a pair.

3. All reimbursements will be calculated on approved receipts for the shoe purchase.

4. Reimbursement for purchases of more than two (2) pairs per year will require the written approval of the Department Head. Such approval may be made contingent upon the employee presenting the shoes to be replaced for examination.

5. Employees who purchase shoes not approved by their department, or who fail to follow their department’s purchase procedure, may forfeit entitlement to reimbursement of City share.
C. An employee who terminates during the first two months of employment after receiving safety shoe reimbursement must refund such reimbursement to the City. This amount will be deducted from the employee’s final paycheck, if necessary.

D. It is the responsibility of each department to inform all affected employees of this policy and all related conditions at the time of hire, and to forward to the Human Resource Management Department a signed Disclosure Statement from the employee confirming that they have been advised of the Safety Shoes Program. Current employees must be notified of this policy as soon as possible.

E. It is the responsibility of each department to conduct an analysis of all positions in their department in order to determine what classifications require safety shoes to be worn. The Director of Human Resource Management will be notified of all such positions and will maintain a list of the same to enable compilation and review of foot injury statistics.

F. Each new employee shall be required to obtain safety shoes not later than the start of the work week following receipt of their second paycheck.

G. Any employee who is not wearing safety shoes, and whose job requires the wearing of them, will not be allowed to continue work until safety shoes are used. This shall not preclude the temporary re-assignment, or the granting of permission to use toe plates at the direction of the Department Head or his/her designee.

H. Employees will not be paid for time lost from work as a result of complying with Section G.
VI. DISCLOSURE STATEMENT

I hereby acknowledge that I have been provided a copy of the Safety Shoes Program Administrative Policy – September 2015 version (#S4) for the City of Portsmouth and that I have read it. I understand that I will be required to obtain and wear safety shoes if so directed by my supervisor and agree to comply with the provisions of the policy stated herein.

I understand that if I terminate my employment during the first two (2) months after receiving a safety shoe reimbursement, then I will be responsible for reimbursing any City payments for safety shoes issued to me and that this amount may be deducted from my final paycheck.

I understand that this Disclosure Statement will be placed in my personnel file as a record that I have been provided with this important policy. I further understand that compliance with this policy is a requirement of my employment with the City of Portsmouth if I am required to wear safety shoes. Any violation of this policy may result in revocation of my reimbursement privileges and may subject me to disciplinary action, including termination of my employment and/or legal prosecution.

__________________________
Department

__________________________
Printed Employee's Name

__________________________  ________________________
Employee's Signature        Date

__________________________
Printed Department Head's Name

__________________________  ________________________
Department Head Signature    Date