



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

- Toronto General Hospital
- Toronto Western Hospital
- Princess Margaret Hospital

UNIFORM REQUISITION

DATE: _____

NAME: _____

DEPARTMENT: _____

POSITION: _____

TYPE OF ISSUE: PERMANENT TEMPORARY

DEPARTMENT MANAGER SIGNATURE: _____

COST CENTRE #: _____

UNIFORMS REQUIRED / ISSUED:

DESCRIPTION	QUANTITY
LAB COATS	_____
HOOVERS	_____
O.R. SHIRTS	_____
O.R. PANTS	_____
WARM-UP JACKETS	_____
SHIRTS	_____
PANTS	_____
COVERALL	_____
DRESSES	_____
WINTER JACKETS	_____

I acknowledge receipt of the items of clothing recorded above and agree to return these immediately prior to my leaving the employ of the Hospital. If a shortage of any of these exists at this time, the cost is to be deducted from my final pay. Temporary issues must be returned within 24 hours otherwise the cost will be charged to the above noted cost centre.

Signature: _____ Date : _____

RETURN: (a) The items of clothing as recorded above, have been returned.

Signature: _____ Date: _____

(b) The following items were not returned and the amount of \$ _____ will be deducted from my final pay.

Signature: _____ Date: _____