UNIFORM AND TOOLS TRACKING FORM

Employee Name:		Phon	e # Order D	ate:	Release Date:				
ITEM#	QTY	SIZE	DESCRIPTION	EMI	PLOYEE PRICE	RECEIVED BY			
1.									
2.									
3.									
By signing l	oelow, I und	erstand that I a	m responsible to keep the	uniform i	in good conditions and t	hat it will be deducted			
100% out o	f my payroll	check in case o	f not showing up to work,	lost, thef	t, damaged etc; Uniforn	n & tools are 50% out			
of cost and	its deduct it	from Payroll C	heck second week of starti	ng.					
Employee Signature:				Date:					
		C&	E LOPEZ DBA Ca	nales l	Furniture				
7320 S. Cockrell Hill Rd Dallas TX 75236									
Phone: 214-579-9561 Fax: 214-579-9567									
Duncanville@canalesfurniture.com									

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ITEM#	QTY	SIZE	DESCRIPTION	EM	PLOYEE PRICE	RECEIVED BY				
1.										
2.										
3.										
By signing below, I understand that I am responsible to keep the uniform in good conditions and that it will be deducted 100% out of my payroll check in case of not showing up to work, lost, theft, damaged etc. Uniform & tools are 50% out of cost and its deduct it from Payroll Check second week of starting.										
Employee Signature:					_Date:					
		7	E LOPEZ DBA Ca 320 S. Cockrell Hill Rd Phone: 214-579-9561 Fa Duncanville@canales	Dallas x: 214-	TX 75236 579-9567					