

UNIFORM AND TOOLS TRACKING FORM

Employee Name:		Phone #	Order Date:	Release Date:	
ITEM#	QTY	SIZE	DESCRIPTION	EMPLOYEE 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: _____		
SCMG CORP DBA Canales Furniture 2002 E Abram St Arlington, TX 76010 Phone: (817) 303-7735 Fax: (817) 459-3580 Email: arlington@canalesfurniture.com					

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