

**PERSONAL PROTECTIVE
EQUIPMENT (PPE)
REIMBURSEMENT POLICY**

1.0 Purpose

CPG is committed to ensuring a safe work place for all employees. THE PPE reimbursement program is established to aid employees in meeting the financial burden of complying with safety procedures. This policy supersedes and replaces all prior policies, handbooks, or other publications related to these personnel matters as of February 17, 2011.

2.0 SPECIFIC POLICY AND PROCEDURE

2.1 Implementation

This policy will be effective as of February 17, 2011 for all **Employees who are mandated to wear appropriate PPE.**

2.2 Covered PPE

1. CPG will reimburse employees up to the sum of \$100 every 2 calendar years towards the purchase of prescription safety glasses with proper side shields (hard plastic attached ones, i.e. not the cheap slide-on ones).
 - a. Safety Glasses must meet the ANSI Z87 approval rating.
 - b. Safety Glasses must not be tinted so that pupils and eyes can easily be seen by others.
 - c. Amber colored safety glasses are allowed as they brighten up the work area.
2. CPG will reimburse maintenance employees and others required to wear steel-toed shoes up to the sum of \$200 every calendar year.
3. **Employees who leave within their 60-day probationary period authorize CPG to deduct the cost of their PPE from their final paycheck by signing below.**

2.3 Requests / Approval Process – SUBMIT RECEIPTS WITH THIS FORM

Requests for reimbursement must be submitted as follows:

1. All prescription safety glasses receipts must be submitted to HR for approval prior to being submitted to Accounting.
2. All maintenance employees steel toe shoe receipts must be submitted to the Maintenance MGR for approval who will submit to Accounting.
3. All other employees submitting receipts for steel toe shoes must be approved by their Manager and Human Resources who will submit to Accounting.
4. **PPE Reimbursement Type (please check one):**
 - a. ☐ **Safety Shoes (maximum \$200 reimbursement)**
 - b. ☐ **Safety Glasses (maximum \$100 reimbursement)**

By signing below, you indicate that you have received, read, and understand the policy and its terms as outlined above.

Employee Name (Please Print) and Sign Date

Manager / HR Approval Date

THIS DOCUMENT IS NOT INTENDED TO AND DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT. ALL EMPLOYEES ARE EMPLOYED ON AN AT WILL BASIS WHICH MEANS THAT EITHER THE EMPLOYEE OR THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE.