

**STATE OF HAWAII - JUDICIARY  
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM**

Attachment B

**Part 1: EMPLOYEE INFORMATION**

Dept.: \_\_\_\_\_ Division: \_\_\_\_\_ Island: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Employee: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Baseyard: \_\_\_\_\_ Position Title: \_\_\_\_\_

**Part 2: APPROVED FOOTWEAR FOR POSITION  
(Based on Hazard Assessment)**

**VENDOR #1:** \_\_\_\_\_  
**Option 1:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_  
 STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_  
**Option 2:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_  
 STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_  
**Option 3:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_  
 STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**See Additional Vendor/Options list, if applicable on next page**

**Part 3: REQUESTED FOOTWEAR  
(Deviation from price list)**

**VENDOR:** \_\_\_\_\_  
**BRAND:** \_\_\_\_\_  
**STYLE:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_  
**ADDITIONAL COST (if any):** \_\_\_\_\_  
**REASON FOR REQUESTING DEVIATION FROM PRICE LIST:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 4: PHYSICIAN CERTIFIED PROTECTIVE FOOTWEAR**

Please notify your supervisor if you have a medically certified condition requiring a deviation from the price list. To be reviewed by Human Resources – Disability Claims Management Division.

CHECK BOX IF APPLICABLE:  DEVIATION IS DUE TO MEDICAL CONDITION AND PHYSICIAN'S CERTIFICATION IS ATTACHED.

DEVIATION APPROVED BY:

\_\_\_\_\_  
 PRINT NAME SIGNATURE POSITION TITLE

**Part 5: APPROVAL TO PURCHASE SAFETY FOOTWEAR**

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The cost of the protective footwear shall be paid by the State pursuant to the price list contract. The department shall be responsible for approving safety footwear deviations and paying any applicable additional cost for the protective footwear.

**APPROVAL OF SUPERVISOR OR DESIGNEE:**

\_\_\_\_\_  
 PRINT NAME SIGNATURE  
 \_\_\_\_\_  
 POSITION TITLE DATE

**ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE)**

**Part 2: APPROVED FOOTWEAR FOR POSITION**  
*(Based on Hazard Assessment)*

**VENDOR #1:** \_\_\_\_\_

**Option 4:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 5:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**VENDOR #2:** \_\_\_\_\_

**Option 1:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 2:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 3:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 4:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 5:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**VENDOR #3:** \_\_\_\_\_

**Option 1:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 2:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 3:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 4:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_

**Option 5:** BRAND: \_\_\_\_\_ COST: \_\_\_\_\_

STYLE: \_\_\_\_\_ SIZE: \_\_\_\_\_