## **Retail Uniform Agreement Form**

## **Employee Information**

Full Name	
Employee ID	
Department	
Bepartment	
Position	
Date	
Uniform Issued	
Item 1	
Qty	
Size	

Employee Sig	gnature			
Date				
Additional No	tes			

I acknowledge that I have received the above-mentioned uniform items, and I agree to use them according to the company's policies regarding care and return upon termination or upon request.