

Retail Store Uniform/Equipment Transfer Request Form

Employee Information
Name

Employee ID

Current Store Location

Transfer Details
Date of Transfer Request

Destination Store

Uniform/Equipment to be Transferred

Item Description	Quantity	Size (if applicable)	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Transfer

Additional Comments

Authorization
Employee Signature

Manager Name

Manager Signature

Date Approved

