

PRESCRIPTIONS

SHOE REQUEST

Branch Location: _____ Date of Request: _____

Your Name: _____ Classification: _____

Please order the following shoes:

Style: _____ Width: _____ Size: _____ Quantity: _____

Price: _____ + Shipping of \$5.50 = _____ - 25% = total authorized to be deducted from my check.

I understand and agree to the following:

- ✓ I must be an employee in good standing to participate in this benefit
- ✓ I must be working a minimum of 3 shifts per month
- ✓ I will receive the shoes I have ordered *after* the payroll deduction has been made from my paycheck.
- ✓ I agree to wear the shoes while working assignments for BrightMed
- ✓ I authorize BrightMed to make the payroll deduction for the above amount.
- ✓ The shoes ordered must be white and be appropriate for a healthcare setting.

I have read the requirements of the benefit that I am requesting in the Prescriptions Program Summary, and fully understand and agree to comply with the requirements as indicated. I further understand that this request will be reviewed by the local Branch office of BrightMed and must be approved by both the Branch Director and the National Service Center. I agree to adhere to all terms of the Prescriptions program and have made this request in good faith and within the time allotted for this benefit.

Employee Signature

Branch Director Approval

National Service Center Use Only

Ordered: _____ Payroll Deduction Amount: _____ Deduction Date: ____

Check Number: _____