



2022 FPL BOOT REIMBURSEMENT FORM

Only boots are eligible for reimbursement, any accessories are not reimbursable.



***Eligible FPL employees are permitted to purchase boots from an outside supplier pending they meet FPL Safety Standards.**

Note: If unsure of FPL boot Safety Standards, please reach out to your Supervisor for clarification

**This change in the FPL boot reimbursement program to include additional vendors other than just Red Wing is temporary until the boot supply chain returns to standard operating procedures - timing will be determined by FPL and Tyndale.*

The following shall apply to all field employees whose work assignment would expose them to arc flash, uneven terrain, chemical, impact, cut, compression, or puncture hazards. When an electrical hazard is present such as a static-discharge, or electric-shock hazard (i.e. step or touch potential), refer to SOPR Step and Touch Potential Hazard.

1. The footwear must provide impact and compression protection that meets the ANSI Z41-1991, the ASTM F2413-05, or the ASTM F2413-11 standard. This rating shall be clearly identifiable on the shoe. When new footwear is purchased it shall have ASTM F2413 / ASTM F2412.
2. The footwear must be minimum 4" leather upper with a hard sole and the tongues, soles, and heels in good repair. In addition, High top (6 minimum) footwear shall be worn when welding, using a cutting torch or when handling hot solder, hot compounds, or other hot materials (such as cad welds). Electrical bench soldering does not require high top footwear.
3. Supervisors and persons in charge shall be accountable for ensuring that employees utilize proper foot protection. Each employee is responsible for following this policy.

STEP 1: FILL OUT THE BELOW INFORMATION - ALL FIELDS MUST BE COMPLETED

EMPLOYEE NAME:

FPL ID#:

EMPLOYEE EMAIL:

PHONE#:

PRICE OF BOOT: \$

**there is NO \$20 processing fee for FPL* AMOUNT TO BE REIMBURSED: \$

MAILING ADDRESS TO SEND REIMBURSEMENT CHECK:

Street Address:

City:

State:

Postal Code:

STEP 2: SUPERVISOR INFORMATION

SUPERVISOR NAME (PRINTED):

SUPERVISOR SIGNATURE:

SUPERVISOR PHONE#:

SUPERVISOR APPROVED; PLEASE CHECK BOX

STEP 3: FINALIZE REQUEST

Email completed Boot Reimbursement Form & Boot Receipt to CUSTOMERSERVICE@TYNDALEUSA.COM

*****TYNDALE USE ONLY BELOW*****

TYNDALE ID#

NAME

DATE

WORK ORDER#

SO#

PROFILE UPDATE

AMOUNT TO BE REIMBURSED

EMPLOYEE ALLOWANCE BALANCE



For all Questions, Comments, Concerns please contact Tyndale at the following:

EMAIL: CUSTOMERSERVICE@TYNDALEUSA.COM / PHONE: 800-356-3433