



STAFF UNIFORM RESPONSIBILITY

State Form 54986 (5-12)

INDIANA DEPARTMENT OF CORRECTION
DIVISION OF FINANCE AND PERFORMANCE
UNIFORM DISTRIBUTION CENTER

UNIFORM DISTRIBUTION CENTER USE ONLY

Data entry

Date received (month, day, year)

INSTRUCTIONS: This form is to be used for all staff in IDOC uniform. Form is to be completed in full, by computer printout or typed and signed original forwarded to Uniform Distribution Center. All shaded areas must be completed to process orders.

Employee number		Title / Rank		Date (month, day, year)	
Last name		First name		Middle initial	
Facility identification number		Name of department		Gender	Date hired (month, day, year)
Type of Uniform: (Check at least one)					
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D					
<input type="checkbox"/> Class E <input type="checkbox"/> Juvenile Services <input type="checkbox"/> Food Services <input type="checkbox"/> Medical Services					
<p>I understand and agree that because of my employment by the Indiana Department of Correction (IDOC), I am being provided with limited and revocable permission to use the above-identified IDOC uniform and/or equipment items for authorized IDOC business. I understand and agree that any and all uniform and/or equipment items provided to me by IDOC are the sole and exclusive property of IDOC.</p> <p>I understand and agree that any IDOC uniform and/or equipment items are to be worn and/or used solely and exclusively for authorized IDOC business. I am prohibited from ever wearing and/or using any IDOC uniform and/or equipment items for personal use and any personal use of any IDOC uniform and/or equipment items will be considered employee misconduct and may subject me to discipline up to and including dismissal.</p> <p>I understand and agree that I am personally responsible for the replacement cost of any IDOC uniform and/or equipment items lost, damage or destroyed while engaged in unauthorized activity either on or off facility grounds. My refusal to pay the replacement cost will be considered employee misconduct and may subject me to employment discipline up to and including dismissal, and may subject me to legal action for the cost of replacing said items. I understand and agree that I will be responsible for all attorney fees and other costs of said legal action.</p> <p>I understand and agree that within seven (7) days of the voluntary or involuntary cessation of my employment with IDOC, I will return to IDOC facility and/or location of my last employment all IDOC uniform and/or equipment items that have been provided to me by IDOC and/or that have otherwise come to be in my possession. If I fail to return to IDOC all IDOC uniform and/or equipment items that have been provided to me by IDOC and/or that have otherwise come to be in my possession, I may be subject to legal action for the recovery of said items and/or for the cost of replacing said items.</p> <p>I understand and agree that if I am subject to legal action for the recovery of any IDOC uniform and/or equipment items and/or for the cost of replacing said items, that I will be responsible for all attorney fees and other costs of said legal action.</p>					
Signature of staff				Date (month, day, year)	
Name of approving authority			Title		
Signature of approving authority				Date (month, day, year)	