

## Request for Boot/Tool Allowance

### To be completed by Department

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Job Title: \_\_\_\_\_

The employee meets the criteria as laid out in the Collective Agreement, Human Resource Policy or Occupational Health and Safety Regulations. Please arrange to pay the employee:

Boot Allowance \$ \_\_\_\_\_

Tool Allowance (please indicate how employee is to be compensated)

Paid Bi-weekly \$ \_\_\_\_\_  Paid Annual \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Certified for payment in accordance with S.30(1) of the Financial Administration Act.*

Deputy Minister/Delegate: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by Compensation and Benefits

I have reviewed and the employee meets the criteria as laid out in the Collective Agreement, Human Resource Policy or Occupational Health and Safety Regulations.  Yes  No

**Note: If no, please note why not in the comment section and send a copy back to the requestor and place a copy in the employee's personal file.**

Comments: \_\_\_\_\_

Payroll Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

## **Request for Boot/Tool Allowance (HRS-106) Instructions**

- In order for an employee to be compensated with a boot/tool allowance, the employee's Department must submit a completed Request for Boot/Tool Allowance form.
- Departments are responsible for ensuring that requests are in accordance with the employee's Collective Agreement, Human Resource Policies or Occupational health and Safety Regulations.
- The form must be approved for payment by the Deputy Minister or delegate (Authorized Signing Officer). Forms should be forwarded for processing by Compensation and Benefits cut off dates (schedule can be found (<http://www.intranet.gov.nl.ca/docs/default.asp>)). Please note that while Compensation and Benefits work to honour deadlines, we ask that you submit your information as early as possible to avoid high volume of submissions on deadline days. High submission volumes may lead to delays in processing. Forms received after cut off will not be processed until the following pay period. Incorrectly completed forms will be returned for correction prior to processing and could result in delays.
- Please ensure that duplicate requests are not forwarded for processing, if faxed or emailed please do not forward original.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the Compensation and Benefits Service Centre. Any questions in completing this form can be directed to the Compensation and Benefits Service Centre.

### **Compensation and Benefits Service Centre**

**E-mail:** [CompensationBenefits@gov.nl.ca](mailto:CompensationBenefits@gov.nl.ca)

**Phone:** 729-7690 or 1-888-729-7690

### **Mailing address:**

Compensation & Benefits

Main Floor, West Block,

PO Box 8700

St. John's, NL, A1B 4J6