

# DELI ESPRESSO UNIFORM ACCEPTANCE FORM



<b>NAME</b>	
<b>BRANCH NAME</b>	
<b>DATE</b>	

<b>ITEMS/QUANTITY</b>		

I confirm that I have been issued with a Deli Espresso staff uniform, as detailed above.

I agree that I may be deducted for every uniform item issued from my wages as a contribution towards the cost of the uniform.

Please contact your manager to obtain any further uniforms you require.

<b>SIGNED</b>	
<b>PRINT NAME</b>	
<b>DATE</b>	

<b>MANAGER SIGN</b>	
<b>PRINT</b>	
<b>DATE</b>	