



IAM/Boeing :: Joint Programs



Incomplete applications will be returned (You must submit a new application once each calendar year)

Itemized Receipt Required



Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____

State: **WA** Zip code: _____ Phone: _____

BEMS: _____ Total Shoe Cost: \$ _____

Don't forget to mention you're a Boeing employee when purchasing your safety shoes!

Approved Safety Footwear

Steel-toed Shoes
Composite-toed Shoes
Metatarsal Guarded
Chemical Resistant Soles

Non-Slip Resistant Soles
Slip Resistant Soles
Anti-Static / Dissipative Shoes
Puncture-Resistant Shoes

Your shoes must be purchased from one of the stores below. Otherwise, your reimbursement request will be rejected and returned. Check a box below for the store you purchased your shoes from:

Lehigh Safety Shoe Co

Red Wing Shoe Store

Shoesforcrews.com

Summit Safety Shoes

Whistle Workwear

Danner Store

Grainger

Work 'N' More

North 40

Subject to change: for most current store list please visit our website

Applicant Signature: _____ Today's Date: _____

Work Location: _____

We Care about your Safety. Your signature acknowledges you have selected safety footwear appropriate to your work environment from the approved list above.

Completed forms: Email (IAMBoeingJointProgramsEA@exchange.boeing.com), drop off at the 2-25 building 3rd floor desk 3N12-1.1, interoffice mail to Joint Programs 11-353 or mail to P.O. Box 3707 MC 11-353 Seattle, WA 98124

Privacy Statement: Information I am providing on this form is specifically for the Safety Shoe Reimbursement program. Please visit the Global Privacy site for additional information <https://globalprivacy.web.boeing.com/privacy-notice.asp?ID=7409>