Memorandum

Date January 4, 2011
To All Concerned
From Ralph H. Dill, Manager, Department of Subways Safety Unit (MOW)
Re SAFETY FOOTWEAR REIMBURSEMENT GUIDELINES

If an employee claims he/she cannot wear NYCT issued safety boots due to medical reasons, the following procedure must be followed, in accordance with MOW Procedure 3.0, Safety Footwear.

Medical Evaluation
1. A medical evaluation from the employees' private medical service provider must be obtained on the attached verification form.
2. The completed form must be delivered or faxed to MOW Safety West 4th Street Station for approval by Occupational Health Services (OHS).
3. OHS will either approve, disapprove, or request the employee to be evaluated at his/her MAC of record. If the evaluation is approved, MOW Safety will be notified by OHS.

Purchase Footwear
MOW will notify the employee to purchase new safety boots. The boots must conform to the following minimum standards:
- Hard (steel or composite) Toe (in accordance with ASTM F2413-05 impact and compression requirements)
- Electrical Hazard Footwear (in accordance with ANSI Z41 requirements)
- Full Grain Leather Uppers (no sneaker-type styles)
- Slip resistant sole (no lug-type soles)
- Metatarsal-guards (Track & SMB titles)

Footwear Approval and Reimbursement
1. The new safety boots must be inspected by MOW Safety at the West 4th Street Office before they can be worn, and the previously issued boots turned in.
2. The employee must produce an original sales slip to MOW Safety within thirty days after the purchase of the boots to receive a full or partial reimbursement (i.e., 18% above the Transit contract cost for that shoe model). A check will be mailed to the employees' home address.

Direct all questions and concerns to me or M/S-I Ron Camp:

MOW Safety
West 4th Street Station Complex
NY, NY 10011
(646) 896-8879/80 (voice)
(646) 896-8915 (fax)

Attachment
Alternative Safety Boots Medical Verification Form

<table>
<thead>
<tr>
<th>Employee’s Name (print):</th>
<th>Title:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Division Name:</td>
<td>Pass #:</td>
<td>Last 4 Digits of SSN:</td>
</tr>
<tr>
<td></td>
<td>RC:</td>
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<table>
<thead>
<tr>
<th>Employee’s Telephone #:</th>
<th>Supt.’s Office Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s Signature:</td>
<td>Supt.’s Office E-Mail Address:</td>
</tr>
<tr>
<td></td>
<td>Supt.’s Office Physical Address:</td>
</tr>
</tbody>
</table>

Supt.’s Office Fax #: 

Medical Verification to Support Use of Alternative Safety Boots (to be completed by Provider only)

This certifies that ___________ has a medical condition which prevents him/her from wearing one or more of the following Transit issued safety boots.

- ___ 8” high hard-toe (steel)
- ___ 8” high hard-toe (composite)
- ___ 6” high hard-toe (steel)
- ___ 6” high hard-toe (composite)

Medical Condition

Describe the patient’s medical condition:


Explanation of problem and how it prevents patient from wearing NYCT issued safety boots:

NYCT employees must wear safety boots that comply with OSHA standards.

Physician/Podiatrist Signature ____________________________

Physician/Podiatrist Stamp ____________________________

Tax ID # ____________________________

Address: ____________________________________________

Official Use Only:

Occupational Health Services: □ Approved* □ Disapproved □ MAC Visit required next business day.

Comments: ____________________________________________

* □ Alternate Safety Boot recertification is required: ____________________________

Date (month/year) ____________________________

MAC Physician (signature) ____________________________

MAC Physician (print name) ____________________________

Date ____________________________

Rev. 12/20/10  Consider requests approved if not returned from the MAC within three (3) business days after receipt of an acceptable submission.