Canebridge International Corporation

1394 Indian Trial-Lilburn Rd. Ste. 100, Norcross, Ga 30093

Employee Uniform Inventory Sheet

Date: _____

Employee Name: _____ _____ _____
Last First Middle

CIC Division: _____ **Location:** _____

Uniform Issed By:

Supervisor's Name: _____ **Signature:** _____

Description of Item	Quantity	Size	Color	Condition	Received	Returned

** Upon termination of my employment with **CIC,** whether it be voluntary or involuntary, it will be my responsibility to return all uniform items listed on this sheet, which were supplied by **CIC***

** In the event that I do not return ALL the items issued, **CIC** reserves the right to deduct **$50** from my final paycheck. My signature below confirms my understanding and agreement to these terms:*

Print Name: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____