



Support Services / Linen Department

UNIFORM REQUEST FORM

EMPLOYEES REQUESTING UNIFORMS MUST ATTACH A COPY OF CURRENT SUNY DOWNSTATE ID CARD
See back page for Lab Coat - Unisex Size Conversion Chart

PLEASE CHECK BOX

1. NEW EMPLOYEE REPLACEMENT SIZE EXCHANGE REINSTATE

DATE: _____

NAME: _____ TITLE _____
(PLEASE PRINT) FIRST LAST

DEPARTMENT: _____ EXTENSION: _____

ACCOUNT/GRANT NUMBER: # _____

HOSPITAL BADGE UID# (14 DIGITS): _____

REASON FOR REPLACEMENT: _____ UNIFORM NUMBER # _____
(8 DIGITS NUMBER ON WHITE TAG)

TYPE OF UNIFORM REQUESTED:

Lab Coat: (Unisex) Size: XSmall Small Medium Large X large 2X large Other _____

Uniforms: (Male / Female): _____ Shirts: Size: _____ Pants: W _____ L _____
(Support Services Staff Only)

2. SEPARATION OF SERVICE OR TRANSFER

UPON COMPLETION OF SERVICES AT SUNY DOWNSTATE, EMPLOYEE MUST RETURN ALL OF HIS/HER UNIFORMS TO THE UNIFORM ROOM

_____, _____, _____
Date Name Department

Account # _____ Transferred to Department _____ Account # _____

3. AUTHORIZATION:

REQUESTS MUST BE APPROVED BY THE DEPARTMENT HEAD/ ADMINISTRATOR FOR PROCESSING

Name _____ Signature: _____ Title: _____ Extension: _____
(PLEASE PRINT YOUR NAME)

Return completed form to Mr. Ahluwalia, Box 1237, Linen Dept (Rm # B 357A)

Lab Coat - Unisex Size Conversion Chart

Male Size	Female Size	Unisex Size
30-32	2 - 4	X SMALL
34-36	6 - 8	SMALL
38-40	10- 12	MEDIUM
42-44	14 - 16	LARGE
46-48	18 - 20	X LARGE
50-52	42-44	2X LARGE
54-56	46-48	3X LARGE
58-60	50-52	4X LARGE