



# Mercedes-Benz

## TeamWear Program Replacement Process Instruction

If some of your teamwear (teamwear, shoes or glasses) items got damaged during a work-related action/ during work please report this to your supervisor as soon as possible and submit a completed copy of this form together with the damaged items to the Teamwear store during its regular opening hours:

	Opening Hours	Contact details
Team Wear	Tuesday & Thursday 11:30 am -4:30pm	<a href="mailto:jstauch@app-co.com">jstauch@app-co.com</a> <a href="mailto:ahsort@app-co.com">ahsort@app-co.com</a>
Safety Shoes	Monday & Friday 11:30 am -4:30pm	<a href="mailto:Mercedes@thebootiack.com">Mercedes@thebootiack.com</a>
Prescribed Eyewear	Wednesday 1:30pm- 4:30pm	CRX Customer Service: 888.460.6160 from 8:00 AM - 5:00 PM

**Please note that your items can only be replaced if they are items allotted to you within your current anniversary period.**

Please follow these steps:

1. Inform your supervisor about the damage
2. Request the team wear replacement request from your supervisor (to be found on the Z-drive or in print out form at the teamwear store)
3. Ask your supervisor to complete the form including the top row, steps 1. - 12, as well as Section 1. Please make sure that everything is filled in correctly and note that any missing information will delay the process

**Note: You will find attached to the order form the order catalogue (next Excel tab) of the team wear which might help you estimate the costs to be approved**

4. Hand in the filled-in form together with the damaged items to the team wear representatives during their opening hours
5. You will receive an email once your order is being processed. It will usually take 2 weeks after that information until your teamwear is ready for pick-up.

### Responsibilities

#### **Employees:**

- \*Are responsible for adhering to the **TeamWear Process Instruction** ;
- \*Must wear TeamWear while working
- \*Should raise any queries or concerns about the **TeamWear Process Instruction** with their line manager.

#### **Managers:**

- \*Are responsible for ensuring that the **TeamWear Process Instruction** is being followed.
- \*Must ensure that all new employees are aware of the **TeamWear Process Instruction** and the requirements to achieve the required standard.
- \*Should initiate a risk assessment when required under the terms of the process instruction.



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TeamWear Program Replacement Process Form

To Be Completed by Direct Supervisor

Completing E5/E4: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Employee's Name:		2. Employee ID Number:		3. Employee contact details (email):		
4. Incident Date: ____/____/____		5. Time of Incident: ____ AM/PM		6. Location of Incident:		
7. Who witness the incident occur:		Reported on (dd/mm/yy): ____/____/____				
<i>(To be completed by TeamWear representative)</i>	Nº	8. Description of item damaged: e.g. long sleeve blue t-shirt size XL	9. What happened to cause the damage to the teamwear? e.g. welding spark burned hole in shirt	10. Result of damage? e.g. hole in top of shirt	11. Was this due to negligence by the employee? Yes or No?	12. Approved to be replaced? Yes or No?
Item- Nº:	1					
Item- Nº:	2					
Item- Nº:	3					
Item- Nº:	4					
Item- Nº:	5					

Section 1: Acknowledge & Agreement (to be completed by E5 & E4)

Printed Name of E5/Supervisor:	Estimated Costs: (please calculate by using the attached teamwear catalog)	\$
Signature of E5/Supervisor:	Insert Cost Center	4566-_____
Printed Name of E4/Manager:	E4/Manager Signature authorizes the charges to the above cost center	E4/Manager Signature: _____
Date (dd/mm/yy): ____/____/____		

Section 2:

<i>(To be completed by TeamWear representative)</i>	
Total Cost to be charged to cost center	\$ _____
Date (dd/mm/yy): ____/____/____	

Section 3:

<i>(To be completed by BSF)</i>	
BSF to create PR	PR Amount \$ _____
	Cost Center 4566- _____
Date (dd/mm/yy): ____/____/____	