



### Personal Tool List

According to Article 21, Section 21.3, of the Collective Bargaining Unit Agreement (CBUA) "the Hospital is required to replace basic tools damaged at work, excluding normal wear and tear, or stolen from assigned tool chests which were properly secured. The Hospital may require an employee to provide a personal tool list to be eligible for such replacement. In such cases, the employee will be notified in advance."

As a result the requirement, all JHH employees that are represented by the Union and required to purchase and bring personally owned tools or equipment to perform the duties of their job, must be notified by management in advance of the requirement. As proof of notification, management should have each employee read and sign the attached acknowledgement form (Appendix I) and complete a Personal Equipment and Tool List (Appendix II) Record. These forms should be maintained as a record in the department. Management should provide each employee with a copy of the completed forms for their personal record.

#### APPENDIX I

#### Personal Tool Replacement Acknowledgement

I acknowledge that I have I an aware of the requirements set forth in Article 21, Section 21.3 of the collective bargaining unit agreement between The Johns Hopkins Hospital (Hospital) and Service Employees International Union, AFL-CIO District 1199E. I understand that The Hospital is only required to replace basic tools damaged at work, excluding normal wear and tear, or stolen from assigned tool chests which were properly secured. I also understand that I am responsible for properly completing a personal tool list to be eligible for the replacement of any personal tool and that it is my responsibility to provide management with an updated list to reflect any additions or eliminations of tools or equipment. I understand that if I fail to complete and maintain a personal tool list or if my tools are damaged at work for reasons other than normal wear and tear or stolen from my tool chest as a result of my neglect to properly secure them, I am fully responsible for the replacement of the tool.

---

Employee's Name (Print)

---

Supervisor's Name (Print)

---

Employee's Signature & Date

---

Supervisor's Signature & Date

APPENDIX II

<b>PERSONAL EQUIPMENT &amp; TOOL LIST RECORD</b>		Date		Name		
		Shop Name		Supervisor		
	TOOL	MODEL (if applicable)	DATE PURCHASED	SIGNATURE	COST AT TIME OF PURCHASE	COMMENTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						