UAF FACILITIES SERVICES EMPLOYEE APPLICATION FOR PRESCRIPTION EYEWEAR AND SAFETY SHOES

Please complete this form and return to your supervisor

EMPLOYEE INFORMATION:
Date: _____ Application for: ____ Eyewear ____ Safety Shoes
Name: _____ UAF ID #: _____
Position: _____
Shop #: _____ Account #: _____
Division: ___Operations ____Maintenance ____DDC ____Utilities ____ Other

Describe the duties you perform which expose you to eye/foot hazards and why prescription safety eyewear or safety shoes are needed: _____
_____

Date of last reimbursement:_____
NOTE: If sooner than 1 year for boots, or 3 years for glasses or 1 year for glasses inserts/lenses, provide explanation for early request

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