

Prescription Safety Glasses Reimbursement

1.0 Purpose

The purpose of this Policy is to ensure the safety of our employees who wear prescription glasses by providing a reimbursement program for employees to purchase prescription safety glasses.

All employees working the Field are required to wear safety glasses meeting the ANSI Z87.1 Standard when performing their job.

Prescription Safety Glasses are defined as:

- Meeting the ANSI Z87.1 Standard
- Contain Corrective lenses for the correction of vision impairment
- Equipped with side shields

2.0 Policy

Employees will receive up to \$100.00 annual reimbursement towards the purchase of prescription safety glasses. This policy is effective June 1, 2019 and is not retroactive.

3.0 Procedure

- 3.1 The employee should purchase an approved pair of prescription safety glasses as defined in section 1 above.
- 3.2 The employee must complete the Prescription Safety Glasses Reimbursement Form and submit the form along with a receipt to the Safety Specialist for approval.
- 3.3 The Safety Specialist will determine 1) the employee has not received a reimbursement prior to one year from the date of the receipt, 2) the glasses meet the definition as defined in section 1 above, 3) All paperwork is complete
- 3.4 If approved, the Safety Specialist will sign the form and submit to Payroll for reimbursement. The employee will be reimbursed on the next paycheck. The Safety Specialist will retain a copy of the form and receipt on file.

Prescription Safety Glasses Reimbursement Form

Employee Name (Please Print): _____

Date: _____

I hereby certify that I have purchased prescription safety glasses that meet the requirements of the Prescription Safety Glasses Reimbursement Policy and am requesting reimbursement. I also certify that I have not request reimbursement for prescription safety glasses in the previous year.

I have attached a receipt showing the prescription safety glasses purchased and the total purchase price.

Date of Purchase: _____

Amount of Purchase: \$ _____

Employee Signature: _____

Safety Director Approval: _____