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

SUPERVISOR RECOMMENDATION: ____________________________________________
Signature: ___________________________________________ Date: ______________________

SAFETY OFFICER RECOMMENDATION: ______________________________________
Signature: ___________________________________________ Date: ______________________

If approved, you will be reimbursed up to $600 towards the actual cost to you of prescription safety lenses and
frames every 3 years OR up to $200 towards the actual cost to you of the prescription safety lens inserts yearly; and
up to $200 towards the actual cost of your adequate safety shoes yearly.

No payment will be made for prescription eyewear amounts covered by insurance or charges for items other than the
lenses and frames (e.g. eye exam, tints, etc). If you choose to use the prescription safety lens insert option, your shop
will provide you the insert frame purchased through the warehouse at no cost to you. You must bring this lens insert
with you when ordering your lenses thorough your vision provider. The protective safety eyewear must meet OSHA
Standards (ANSI Z87-1-2003). Side shields must be purchased, installed and used to comply with OSHA
requirements for frame/lens combinations. Safety eyewear must be taken to the Safety Officer after purchase for
inspection to verify they meet the minimum OSHA/ANSI standard.

Safety shoes must meet the minimum standards established by your shop supervisor and meet ANSI Standard Z-41-
1999. There will be a tag or stamp inside the shoes to verify that they meet the ANSI standard.

To obtain reimbursement, bring this completed and approved form and the original receipt for the eyewear/safety
shoes to the Safety Officer.

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