

**OSU PRESCRIPTION SAFETY GLASSES REQUEST
AND
AUTHORIZATION FORM**

Employee Name _____ SSN _____

Department _____ PHONE _____

ACCOUNT # _____

Employee's Signature

Supervisor's Approval Signature & Date

By his/her signature, the employee acknowledges that the wearing of safety glasses is a requirement for certain aspects of his/her job and the appropriate use of the safety glasses is expected.

INSTRUCTIONS

1. Complete Authorization form.
2. Get Supervisor's approval signature.
3. Obtain a current eye glass prescription from an eye care provider of your choice. (Eye examination is at employee's expense.)
4. Take prescription and Authorization form to currently selected optical vendor for frame selection and fitting. Please call ahead for appointment.
5. Vendor will notify you when glasses are ready.

(currently selected optical vendor is Valley Eyecare, 1505 NW Harrison Blvd, 754-6222.)