



The University makes provision to contribute towards the cost of corrective glasses for employees who habitually use display screen equipment (DSE) as an essential part of their work and for a significant part of their normal working hours. If the eye test shows that corrective lenses are necessary for DSE work then the University will contribute up to £55.00 towards the cost of spectacles.

Completed forms (with all sections signed and dated) and receipts should accompany your claim for reimbursement through a standard expenses submission within the employee dashboard of the HR/Payroll system..(Please ensure this form and receipts accompany your expenses submission in the HR/Payroll system where the Expense Type selected should be 'Other Expense')

To be completed by a qualified Optician

Name of Optician \_\_\_\_\_

Person Examined \_\_\_\_\_

Date of Eye Test \_\_\_\_\_

Outcome of Eye Test: (please tick box)

I confirm that in the case of the University employee named above:

A Spectacles are not required/No change in current prescription required

A

B Spectacles required for general use

B

C Spectacles required for general use, incorporating a special prescription for DSE use

C

D Spectacles required solely for DSE use

D

(Only recommendations C or D would entitle the user to reimbursement towards the cost of the spectacles.)

The Spectacles prescribed for this employee are:

1 single vision

1

2 bifocals

2

3 multifocals

3

Optician's Stamp

Optician's signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Head of School / Service / Director of Research Institute

I confirm that the member of staff submitting this claim habitually uses display screen equipment (DSE) as an essential part of their work and for a significant part of their normal working hours. The claimed amount will be met by the School / Research Institute / Servicet budget.

Cost Code \_\_\_\_\_

Head of School / Service / Director of Research Insititute signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the Employee

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Payroll Number \_\_\_\_\_

Department \_\_\_\_\_

I wish to claim for: (please tick box)

• Spectacles (up to maximum of £55.00)

£ \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_