|  |  |
| --- | --- |
|  | **Display Screen Equipment Spectacles Claim Form** |

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  B Spectacles required for general use  C Spectacles required for general use, incorporating a special prescription for DSE use  D Spectacles required solely for DSE use  (Only recommendations C or D would entitle the user to reimbursement towards the cost of the spectacles.) | | | | A  B  C  D | *Optician’s Stamp* |
| The Spectacles prescribed for this employee are: | | | |  |  |
| 1 single vision  2 bifocals  3 multifocals | | | | 1  2  3 | |
| 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 Insititute / 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 | |