



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.)

The Spectacles prescribed for this employee are:

- 1 single vision
- 2 bifocals
- 3 multifocals

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 Institute 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 _____