



**EYE TEST / EYE WEAR  
REIMBURSEMENT FORM**

*For your claim to be accepted this form must be completed.*

- Check your Employment Agreement to determine you are eligible for reimbursement
- Have your supervisor complete *Part One*
- Have your optometrist complete *Part Two*
- Complete *Part Three* yourself, attach receipts and forward to Human Resources for authorisation and payment.

**PART ONE: Supervisor to complete**

Employee Name \_\_\_\_\_

Position \_\_\_\_\_ Employee ID \_\_\_\_\_

Department/Unit \_\_\_\_\_ Division \_\_\_\_\_

Is the employee engaged in VDU duties for at least 50% of their normal working time? YES / NO

GL account to be charged GL10 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ 2421.00

*(Please note that Payroll will charge to one GL account code only.)*

Supervisor Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO: Optometrist to complete**

This employee may be entitled to reimbursement for the cost of a standard eye examination, and also for a portion of the cost of lenses/contact lenses and/or frames if these are required for VDU use or that an eyesight problem has been caused or worsened by use of a VDU. Please complete this section so that the University can assess the employee's claim for reimbursement.

The above employee attended an eye examination on \_\_\_\_\_ (date)

I certify that new glasses/contact lenses are required for VDU use YES / NO

Does the employee currently wear glasses/contact lenses? YES / NO

If yes, does a change in prescription require a change in lenses that requires new frames? YES / NO

Signed \_\_\_\_\_

Practice Name \_\_\_\_\_ Date \_\_\_\_\_

### PART THREE: Employee to complete

Please note that the **additional** costs of retinal scans/photography, photo-chromatic lenses, tinted lenses etc., will not be reimbursed.

Standard Eye test \$ \_\_\_\_\_

Lenses (up to maximum of \$150) \$ \_\_\_\_\_

Frames (up to maximum of \$150) \$ \_\_\_\_\_

**Total claimed** \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward original receipts and this form to HR Services (St David II Building) for authorisation.**

### TAXATION INFORMATION

The payment will be taxed according to each staff member's tax rate, but will not be adjusted for child support or student loan payments.

The reimbursement will be calculated in the pay period in which the claim is received and will be paid out in the next available pay period.

### FOR HR OFFICE USE ONLY

Is the claimant eligible to make a claim as per their Employment Agreement? YES / NO

If no, date claimant advised claim is declined \_\_\_\_\_ (date)

Date of previous claim (if applicable) \_\_\_\_\_ (date)

If applicable, was the last claim made at least two years previously? YES / NO

If not eligible due to time frame, date claimant advised claim declined \_\_\_\_\_ (date)

Date of first claim (if applicable) \_\_\_\_\_ (date)

Authorised for payment by HR:

**DEPARTMENTS:** Ensure a copy is retained for the employee department file.