Life. Well Crafted.

PRESCRIPTION
SAFETY GLASSES APPROVAL FORM

Employee_____

Division_____ Department_____

I. Initial Purchase:

Circle One: New Hire / Job Reassignment / FT Employee / PT Employee

If you are a new hire, full time, part time employee or have been reassigned to a new position within the City of Hickory, please explain the job activities that you will be performing which require you to wear safety glasses.

_____
_____
_____
_____

II. Replacement:

Circle One: Lost / Damaged / Change in Prescription

If you require a replacement of your lost or damaged safety glasses, or if you have had a change in your prescription, please explain the circumstances surrounding the loss or damage of the glasses. Also, please include the damaged safety glasses or a copy of your new prescription with this form.

_____
_____
_____
_____

I attest that all the above information is true to the best of my ability and knowledge.

Employee Signature_____ Date_____

Approve / Deny (circle one) Risk Manager Signature_____Date_____

Approve / Deny (circle one) Dept. Head Signature_____Date_____