

UAF FACILITIES SERVICES EMPLOYEE APPLICATION  
FOR PRESCRIPTION EYEWEAR AND SAFETY SHOES

Please complete this form and return to your supervisor

EMPLOYEE INFORMATION:

Date: \_\_\_\_\_ Application for: \_\_\_\_\_ Eyewear \_\_\_\_\_ Safety Shoes

Name: \_\_\_\_\_ UAF ID #: \_\_\_\_\_

Position: \_\_\_\_\_

Shop #: \_\_\_\_\_ Account #: \_\_\_\_\_

Division: \_\_\_ Operations \_\_\_ Maintenance \_\_\_ DDC \_\_\_ Utilities \_\_\_ Other

Describe the duties you perform which expose you to eye/foot hazards and why prescription safety eyewear or safety shoes are needed: \_\_\_\_\_  
\_\_\_\_\_

Date of last reimbursement: \_\_\_\_\_

NOTE: If sooner than 1 year for boots, or 3 years for glasses or 1 year for glasses inserts/lenses, provide explanation for early request

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