

**Eye Test Form**

You will be required to pay the Optician for your eye test. Upon completion of this form and submission of the receipt, you will be reimbursed £20 towards the cost of the eye test.

If you require glasses for VDU work, you will be reimbursed £20 towards the cost of the lenses. A receipt must be provided.

Payment will be made via the monthly payroll.

# To be completed by employee:

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Department |  |

**To be completed by the Optician:**

|  |  |  |
| --- | --- | --- |
| Glasses are ONLY required for VDU use (please tick) | YES | NO |
| Eye test cost | £ | |
| Optician Name |  | |
| Company |  | |
| Signature |  | |
| Date |  | |

Please complete and return to HR.