

FPM Roski Prescription Eye Protection Safety Glasses Program Form

Return form to Sarah Ma, Admin Budget Assist, FPM-FFS, sarahma@usc.edu

APPLICANT INFORMATION

Employee Name: _____

Department: _____

Account Number: _____

Date of Last Request for Safety Glasses: _____

First Time Request

REQUESTING

Single vision lenses + Frames: \$73

Lined Bifocal or Lined Trifocal lenses + Frames: \$117

OVERVIEW

In partnership with the USC Roski Eye Institute, FPM is pleased to provide eligible employees reimbursement for prescription eye protection safety eyewear. Please note that all program costs must be approved by the departmental Supervisor prior to beginning the process. USC employees are eligible for Prescription Safety Glasses request/replacement every 2 years.

PROCEDURES

1. Submit Roski Prescription Safety Glasses Form to your supervisor to fill out
2. Employees must go to the ROSKI Eye Center to receive an estimate
3. Submit estimate to Facilities Finance Services along with this form: contact is Sarah Ma (sarahma@usc.edu)
FPM will be responsible to cover the Basic Package only
4. Employee will pick up glasses when ready.

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____