

## FPM Roski Prescription Eye Protection Safety Glasses Program Form

Return form to Angie Perassolo, Administrative Operations Manager, FPM Health & Safety perassolo@usc.edu

<b>APPLICANT INFORMATION</b>	
Employee Name:	<input style="width: 90%;" type="text"/>
Department:	<input style="width: 90%;" type="text"/>
Account Number:	<input style="width: 90%;" type="text"/>
Date of Last Request for Safety Glasses:	<input style="width: 90%;" type="text"/>
<input type="checkbox"/>	First Time Request

<b>REQUESTING</b>	
<input type="checkbox"/>	Single vision lenses + Frames: \$73
<input type="checkbox"/>	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 Angie Perassolo (perassol@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: _____