FPM Roski Prescription Eye Protection
Safety Glasses Program Form

Return form to Angie Perassolo, Administrative Operations Manager, FPM Health & Safety perassolo@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 Angie Perassolo (perassolo@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: ________________