

**CSEA
Eyeglass Reimbursement
Request
(Also: Confidentials & Technicians)**

This confirms that _____ regularly spends _____% of his/her time working with a Video Display Terminal, and therefore, in accordance with the CSEA contract is entitled to a reimbursement of **up to** \$225.00 towards the purchase of prescription eyeglasses, contact lenses, and eye exam.

Employee's Signature

Date

Supervisor's Signature

Date

Human Resources Approval

Date

In order to process reimbursement, an ***itemized*** receipt must be provided. The itemized receipt should include:

- Name of Patient
- Date of Service
- Cost of Eye Exam
- Cost of Frames and Lenses

Rev. 10/3/11; new rate effective with contract ratification 8/18/11

In accordance with Article 39, Section 5 of CSEA contract

“ . . . employees who regularly spend a substantial portion of their time working with video display terminals shall be entitled to a reimbursement of up to \$225, in any two-year period, towards the purchase of prescription eyeglasses, contact lenses, and eye exam.”