



Prescription Safety Glasses Authorization Form

- Employee must first obtain approval from his/her Department Head and the Risk Manager before the City will agree to pay for prescription safety eyewear.
- Employee pays for his/her eye exam.
- After receiving signatures on this form, Employee should take the signed authorization form AND Employee's eyewear prescription to an optician to fill the prescription and be properly fitted with safety glasses.
- Employee returns this form to Risk Manager after Optician signs.

Employee Name: _____

Department: _____

Proposed Date for purchase of glasses (approximate): _____

City of Sevierville agrees to pay for:

Basic Frame & Lens Package, which includes:

Frame from Basic Collection with Polycarbonate lenses (meeting ANSI Standard Z87.1) , side shields (permanent or removable) and a safety case.

At a cost of:

Single Vision: \$39.95 Lined Bifocals: \$55.95 Trifocals: \$59.95

Lens extras allowed: Employee pays to upgrade.

Progressive (No Line Bifocals) Level 1: \$ 44.00
Progressive (No Line Bifocals) Level 2: \$ 59.00
Tinting : \$ 12.00
Transition Lens : \$ 53.00

Signature of Department Head: _____ **Date:** _____

Signature of Risk Manager: _____ **Date:** _____

Signature of Optician (after glasses are delivered and fitted):

Date: _____