



REQUEST FOR PRESCRIPTION SAFETY EYEWEAR

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Employee ID: _____

Home Phone: _____ Alternate Phone: _____

Email _____ Please check here if you would like your form emailed to you.

WORK AREA

- Tilden Plant
- Operations Maintenance Electrical Warehouse Lab
- Pit Maintenance
- Pit Operating

APPOINTMENT INFORMATION

Date of examination: _____ Please note: The authorization is only valid for thirty (30) days from the date of issue

Eyewear Provider: _____ Please use only approved providers.

REASON FOR NEW EYEWEAR:

- Annual Eye Exam or Initial Pair
- Replacement Pair
- New Prescription
- Under Warranty

PLEASE SUBMIT TO THE FOLLOWING

| | | |
|-----------------------------|-----------------|----------|
| Pit Operating & Maintenance | MaLynda Taskila | 475-3773 |
| Tilden Plant | Liisa Syrjala | 475-3990 |

Providers Listed on Back