

|  |  |
| --- | --- |
|  |  |
| **Medical Examination Fee Reimbursement** | | |

|  |  |
| --- | --- |
| Name (PRINT): |  |
| Place of Work: |  |
| Employee Number: |  |

|  |  |
| --- | --- |
| Date of Examination |  |

|  |  |
| --- | --- |
| Amount | £ |

#### Manager’s Authorisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (PRINT): | | |  | |
| Designation: | |  | | |
| Signature: |  | | | Date: |

|  |
| --- |
| Only applicable to Group 2 licence holders.  Completed form with receipts, to be returned to:  HR Operations, Civic Centre, Howden South Road, Livingston EH54 6FF. |

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>

**FOR OFFICE USE ONLY**:

|  |  |
| --- | --- |
| Input by: |  |
| Date: |  |
| Control Check: |  |