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| **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**:

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