

|  |  |
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|  | APPENDIX 2 |

**REIMBURSEMENT OF OPTICAL CHARGES**

**All** sections **must** be completed before this form is submitted in order to process the claim. Details of how the council will process the personal information it holds on you can be found at <https://intranet.westlothian.gov.uk/media/53815/Contract-of-Employment-Privacy-Notice/doc/Contract_of_Employment_Privacy_Notice1.docx?m=1655289225430>

Section A and D by **employee**

Section B by **Line Manager**

Section C by **Ophthalmic Optician**

**Section A** *(To be completed by employee)*

|  |  |
| --- | --- |
| Name: |  |
| Establishment: |  |
| Designation: |  |
| Pay Number: |  |

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**Section B** *(To be completed by Line Manager)*

I confirm that the above named employee is authorised to use Display Screen Equipment and does so on a daily basis for a continuous period of at least one hour.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Designation: |  | |
| Signed: |  | Date: |

###### Please complete Sections C and D overleaf

**Section C** (To be completed by Ophthalmic Optician)

I / We have examined ………………………………………………. and confirm that:

(Please **✓** box below as applicable)

|  |  |
| --- | --- |
| No corrective appliances are needed |  |
| Corrective appliances for general use have been supplied |  |
| Corrective appliances for general use, incorporating a special prescription for DSE use have been supplied |  |
| Corrective appliances for the sole use of DSE have been supplied |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Optician: | | |  | | |
| Address: |  | | | | |
| Date of Test: | |  | | Date lenses supplied: |  |

Branch Stamp:

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**Section D** (To be completed by employee)

I am claiming reimbursement of corrective appliances (Max £55)

|  |  |
| --- | --- |
| Total amount Claimed: | £ |

I certify that the above information is correct and I attach a valid Optician's receipt.

|  |  |
| --- | --- |
| Signed: | Date: |

Completed form should be submitted to:

|  |
| --- |
| Payroll@westlothian.gov.uk |

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**For Office Use Only**

|  |  |
| --- | --- |
| Reimbursement authorised: | £ |
| Received in Payroll (date): |  | Actioned by: |  |