



## CALIFORNIA INSTITUTE OF TECHNOLOGY

### Prescription Safety Glasses Program Supervisor's Authorization Form

All requests for prescription safety glasses must be approved by the requestor's supervisor before an order for the prescription safety glasses is placed. Once this completed form is received by the Primary Processor<sup>1</sup> an email authorization will be sent to the requestor, requestor's supervisor, and the contracted optometrist.

The Primary Processor will charge back the cost for the prescription safety glasses to the requestor's department. ***A valid campus PTA must be provided before an authorization form will be issued to the requestor.***

**Please note:** requestor must have a current (within the past 18 months) eyeglass prescription. Anything beyond that date OR a condition that requires monitoring will need a more current Rx.

**- COMPLETE ALL FIELDS BELOW -**

<b>Requestor's Full Name</b>	
<b>Requestor's UID</b>	
<b>Department</b>	
<b>Mail Code</b>	
<b>Phone Number</b>	
<b>Supervisor's Full Name</b>	
<b>PTA</b>	

I hereby authorize the purchase of prescription safety glasses for the individual listed above. This authorization includes:

- Standard Safety Glasses
- Progressive Lenses (Bi-Focal)
- Transition Lenses
- Anti-Reflection Coating
- Limit total cost (not to exceed) \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

<sup>1</sup> Primary Processor: EH&S Office (MC 25-6; [safety@caltech.edu](mailto:safety@caltech.edu)) or Joe Drew (MC 164-30; [jdrew@caltech.edu](mailto:jdrew@caltech.edu))