

**I. PURPOSE**

- A. To establish proper requirements and procedures for supplying eye protection and reimbursement/cost sharing of prescription safety glasses.

**II. SCOPE**

- A. This policy is applicable to all MTE employees required to wear eye protection and employees requesting eye protection and/or reimbursement/cost sharing of prescription safety glasses.

**III. GUIDELINES**

- A. The guidelines in the program are designed to ensure all employees have and utilize proper eye protection.
- B. Menominee Tribal Enterprises will provide appropriate eye protection for employees when exposed to eye hazards.
- C. Menominee Tribal Enterprises will pay for basic prescription safety glasses up to \$65. The employee must pay for any costs beyond \$65 and costs associated with any specialty frames, lenses or features desired beyond the basic prescription.
- D. MTE will replace prescription safety glasses at no cost to the employee if broken on the job.
- E. MTE will pay for or reimburse employees for safety glasses once every fiscal year (July 1 to June 30).

**IV. PROCEDURE**

- A. The Safety Coordinator and Supervisors will be responsible for the distribution of proper eye protection to employees and insuring adequate supply of proper eye protection for their employees.
- B. Employees requesting prescription safety glasses must complete the Request for Prescription Safety Glasses Reimbursement form. This form is available from the Supervisor, Manager, Safety Coordinator or Human Resource Manager.

- C. The completed form must be returned to the Supervisor or Safety Coordinator noting the option to order safety glasses directly from Menominee Tribal Enterprises' supply source/optical clinic or for the Employee to order safety glasses on own and be reimbursed allowable costs.
- D. Employees may order prescription safety glasses directly from Menominee Tribal Enterprises' supply source/optical clinic. The employee will complete a form describing the style selection and prescription requirements. The Safety Coordinator will authorize the order. An order form will be completed noting MTE cost share and employee cost share when applicable. The employee may pay the cost up front or elect to have payroll deduction when cost sharing is applicable.
- E. Employees may order prescription safety glasses on own and request reimbursement. The employee is to fill out a reimbursement form describing the style, manufacturer, doctor, and source of prescription safety glasses and amount requested for reimbursement. The Safety Coordinator and Supervisor will have the option to request from the source a price list of their basic prescription safety glasses as means to determine proper reimbursement.

**MENOMINEE TRIBAL ENTERPRISES**

**REQUEST FOR REIMBURSEMENT  
for  
PRESCRIPTION SAFETY GLASSES**

Please Print

Name		Date
Job Title		Department
Reason for Prescription Safety Glasses		Supervisor
Supply Source/Optical Clinic – Name/Address/Phone		Doctor's Name
Style/Prescription Description		
Total Cost of Glasses <i>(Attach Receipts)</i>	Basic Prescription Cost  <i>Basic Cost</i> _____ <i>MTE Max</i> <u>  \$65  </u>  <small>Enter Basic Cost if less than \$65 or enter \$65 if basic cost is greater than \$65 in the reimbursement amount box</small>	Reimbursement Amount
Employee Signature		Supervisor Signature
Last date of reimbursement:		Eligible for reimbursement:   Y   N
Costs Verified:   Y   N	Date:	Contact:
Authorized Reimbursement Amount:		Date of Check Request:
Comments:		
Signature of Verifier:		

Do Not Write in Shaded Area