



PLEASE COMPLETE THE FOLLOWING INFORMATION AND SUBMIT YOUR REQUEST FOR A SAFETY SHOE AND/OR EYEGLASS VOUCHER. PLEASE REFER TO THE FOLLOWING LINKS FOR ELIGIBILITY INFORMATION ([SAFETY SHOES](#), [SAFETY GLASSES](#))

ALL REQUESTS MUST COME FROM A SUPERVISOR

REQUIRED INFORMATION:

Employee Name:	
UMID # (Not Man#):	
Department:	
Campus Address:	
Campus Zip:	
Supervisor's Name:	Phone:
Department Contact (if other than supervisor):	Phone:

PLEASE CHECK ONE:

<input type="checkbox"/> Please send the voucher through campus mail to the supervisor and address listed above.
<input type="checkbox"/> We will pick up the voucher once we receive an email from OSEH indicating it is ready.

PLEASE CHECK ALL THAT APPLY:

<p>Shoe voucher request:</p> <p><input type="checkbox"/> Shoe voucher <u>with</u> Electrical Hazard rating</p> <p><input type="checkbox"/> Shoe voucher <u>without</u> Electrical Hazard rating</p>	<p>Prescription eyeglass voucher request</p> <p><input type="checkbox"/> Regular safety glasses only</p> <p><input type="checkbox"/> My department covers progressive lenses (shortcode required)</p> <p><input type="checkbox"/> My department covers all upgrades (progressives, frames, misc.) (shortcode required)</p> <p><input type="checkbox"/> Safety Sunglasses (shortcode required)</p>
<p>Eligibility Check ONLY: (Please check these boxes ONLY if you need to know when an employee is eligible for their next voucher)</p> <p><input type="checkbox"/> Safety Shoes</p> <p><input type="checkbox"/> Safety Glasses</p>	<p>Shortcode (if required):</p>

Questions/Comments:

Please note: Voucher requests are processed Tuesday through Friday. Please allow 5 processing days before contacting the department for information regarding voucher status. Thank you.

If you cannot submit the form electronically, please fax to Tara Welch at 734-763-1185.