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# EYE TEST APPROVAL FORM

(The completed form must be forwarded to HR where a voucher will be issued)

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| --- | --- |
| **Name Employee** |  |
| **Department/Office** |  |
| **Campus** |  |

The above named employee is hereby authorised to attend for an eye test in compliance with the requirements of the TUS Midwest Policy on the provision of eye and eyesight tests to PC/VDU users.

**Signed**

  **Line Manager**

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| FOR OFFICE USE ONLY (HR) |
| Employee Number |  |