



University  
of Windsor

Payroll PA03

## EYE EXAM REIMBURSEMENT FORM

Applicable to **UNIFOR 2458 Full-Time Group ONLY**

For the refund of eye exam costs once each calendar year, to those UNIFOR 2458 Full-Time employees who spend the majority of their time operating VDT's.

### Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_

**This reimbursement will be charged to the same account as your payroll and to natural account 81676.**

### Department Head Authorization:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH ORIGINAL RECEIPT ONLY FOR REIMBURSEMENT AND FORWARD TO PAYROLL**

**Submit Form To:** Payroll Department. Any inquiries should be directed to the Payroll department at payroll@uwindsor.ca.