**Eyecare Voucher Agreement form**

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| **Section 1: To be completed by the employee** | |
| Name of employee: (print) |  |
| Directorate/ Unit: |  |
| Payroll Number: |  |
| * By completing this form, you agree to receive one eyecare voucher. The eyecare voucher entitles you to a free eye test and a free pair of single vision glasses, selected from Specsavers up to £50 range. Alternatively, your voucher can be used for a free eye test and use your own contributions to upgrade to any of Specsavers glasses range, taking advantage of in-store offers such as 2 for 1, whilst still benefiting fully form the £50 contribution towards the total purchase. * If you do not require glasses solely for VDU purposes will benefit from the voucher by receiving a free eye test and a £20 discount towards purchases from Specsavers £100 range and above. * Your eye care voucher will be sent to you once you manager has authorised the purchase. | |
| Sign here to acknowledge that you understand the terms of this arrangement. | |
| Employee Signature: |  |
| Date: |  |
|  |  |
| **Section 2: To be completed by the manager** | |
| Name of manager: (print) |  |
| Budget/School Cost Code: |  |
| Sign here to authorise the eyecare voucher request from the above-named employee. | |
| Manager Signature: |  |
| Date: |  |

Please send the completed form to RBWM HR via email as an attachment. Kindly address it to the Pay & Benefits Inbox at: [pay.benefits@rbwm.gov.uk](mailto:pay.benefits@rbwm.gov.uk).