



**DEPARTMENT OF  
DEFENSE, VETERANS AND EMERGENCY MANAGEMENT**

33 State House Station, Augusta, Maine 04333-0033  
(207) 430-6000

**DVEM Policy and Procedure Statement 22-01**

May 12, 2022

**TO:** All Defense, Veterans and Emergency Management Employees

**FROM:** Major General Douglas A. Farnham, Commissioner and Adjutant General

**SUBJECT:** Prescription Safety Eyewear Reimbursement

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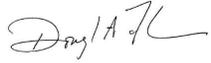
1. This policy is effective immediately and applies to **STATE** employees in the Department of Defense, Veterans and Emergency Management. Unless sooner rescinded or superseded, this policy will expire on May 31, 2024.
2. Certain DVEM employees are required to wear safety eyewear in accordance with State and Federal safety standards. Employees may provide their own prescription eyewear provided it meets or exceeds current ANSI Z87.1 standards with side shields and is labeled with the ANSI rating. This policy provides for reimbursement to employees who voluntarily choose to provide their own prescription protective eyewear.
3. Certain DVEM employees opting to provide and use their own prescription protective eyewear, pursuant to this policy, shall be reimbursed up to \$75.00 every year toward the cost of purchasing prescription protective eyewear. Seasonal employees must have completed at least two seasons from date of employment to be eligible for reimbursement. Employees working in classifications identified as those at risk of greater exposure to eye injuries in the performance of core functions associated with their positions, shall be eligible for reimbursement. Supervisors will determine those classifications in their area of responsibility that require safety eyewear for the performance of the job.
4. Employees whose protective eyewear becomes damaged in the performance of official State of Maine work tasks may be eligible for replacement costs.
5. Requests for reimbursement shall be submitted to the employee's supervisor, along with a copy of the receipt. Reimbursement shall be made in accordance with bill paying approval and processes in place in applicable bureaus.

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6. ALL MANAGERS MUST ENSURE THAT ALL EMPLOYEES ARE MADE AWARE OF AND UNDERSTAND THIS POLICY.

7. Point of Contact is the Deputy Commissioner at (207) 430-5997.

Encl

 Digitally signed by  
FARNHAM.DOUGLAS.A.100681  
6165  
Date: 2022.07.14 10:31:55 -04'00'

Major General Douglas A. Farnham  
Commissioner and Adjutant General

**DEFENSE, VETERANS AND EMERGENCY MANAGEMENT  
REIMBURSEMENT FOR PRESCRIPTION SAFETY EYEWEAR**

The following document is a request for reimbursement for Prescription Safety Eyewear as provided in the Maine Department of Defense, Veterans and Emergency Management Policy 22-01.

Employee: \_\_\_\_\_ Classification: \_\_\_\_\_

Work Location: \_\_\_\_\_

**Section I – Training Certification**

I certify that I have received training on the proper use of Eye/Face Personal Protective Equipment and the department's Prescription Safety Eyewear Reimbursement Policy 22-01.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II – Eligibility**

I certify that the employee named above has met the eligibility requirements of DVEM Policy 22-01:

- Employee works in a covered classification
- Employee is a permanent employee or a seasonal employee with at least two seasons of work experience; and
- Employee has not filed for reimbursement in the past year

Certified By: \_\_\_\_\_ (Name of Supervisor)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III – Inspection and Receipt**

Attached to this form is a receipt for prescription safety eyewear. I have inspected this eyewear and verify that it meets the ANSI Z87.1 standard.

Initials of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Amount: \_\_\_\_\_

**ACCOUNTING PAYMENT CODE:**

Fund	Agency	RepOrg	Appr	C&0	\$75.00	Amt of Reimbursement

Payment Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Director: \_\_\_\_\_ Date \_\_\_\_\_