OREGON DEPARTMENT OF FISH AND WILDLIFE

Statement of Work Use for
Prescription Polarized Sunglasses or Prescription Safety Glasses

To:  Fiscal

I, ________________________, agree to use prescription polarized sunglasses or prescriptions safety glasses,
(print employee's name)
purchased by project funds, only during work hours on work related activities. I shall not use these
glasses on personal time or for personal activities.

I have attached proof that my health care benefits are not available or have been exhausted.

___________________________________  ________________________
Employee's signature                     Date

___________________________________  ________________________
Region Manager/Division Administrator Signature Date