



**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