



Schuylkill Technology Center

NORTH CAMPUS
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Frackville, PA 17931
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Fax: (570) 874-4028

SOUTH CAMPUS
15 Maple Avenue
Mar Lin, PA 17951
Ph. (570) 544-4748
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AIRPORT CAMPUS
240 Airport Road
Pottsville, PA 17901
Ph. (570) 544-4904
Fax: (570) 544-4952

SCHUYLKILL TECHNOLOGY CENTER REIMBURSEMENT FOR PRESCRIPTION SAFETY GLASSES

Please complete the following information:

Date: _____

Name: _____

Address: _____

STC Program: _____

I understand that I will be reimbursed up to a maximum of \$125.00 towards the cost of prescription safety glasses, required to be worn in the STC program in which I am employed, once every 24 months after I incur the expense. Attached is a copy of the invoice and proof of payment for the RX safety glasses.

Employee Signature

Date

*** Please submit this request to Dr. Gregory S. Koons, Superintendent for Vocational Education along with supporting documentation.*

| | |
|---|--------------------|
| <u>Administrative Approval:</u> | |
| Amount of Reimbursement: _____ | |
| Approved: _____ | Disapproved: _____ |
| _____ Administrator | _____ Date |
| Date Paid: _____ H/W Manager Signature: _____ | |

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