

GYM MEMBERSHIP REIMBURSEMENT REQUEST

You may request a 25% reimbursement of the annual dues you pay to your fitness facility if:

- 1. You are enrolled in the Employee Wellness Program through CASD

AND

- 2. You use your fitness facility an average of 8 times per month, or 72 times per school year (September 1 - May 31)

To submit your request you must:

- 1. Attach a printed attendance report from your fitness facility that shows how many days you used the facility between September 1 and May 31. This must be signed by an employee of the fitness facility.

AND

- 2. Attach a statement from the fitness facility showing the amount you paid for your INDIVIDUAL annual membership. If you have a family membership you must have the facility ONLY REPORT what your individual portion of that membership would be.

AND

- 3. Forward this request to the Wellness Coordinator

MUST BE HANDED IN BY THE LAST DAY OF SCHOOL

EMPLOYEE NAME: _____

FITNESS FACILITY NAME & LOCATION: _____

NUMBER OF DAYS ATTENDED BETWEEN SEPTEMBER 1 AND MAY 31: (Attach proof) _____

AMOUNT PAID FOR ANNUAL DUES: (Attach proof) **INDIVIDUAL RATE ONLY!** \$ _____

MULTIPLY AMOUNT PAID BY 25% - THIS IS THE AMOUNT TO BE REIMBURSED: \$ _____

Employee Signature _____
Date

I have verified this employee is signed up for the Employee Wellness Program for our district and has used his / her fitness facility atleast 72 times this school year and is thereby eligible for reimbursement:

Wellness Coordinator Signature _____
Date

Business Manager Approval _____
Date