



## Gym/Health Club Reimbursement Form

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Unit:  APWEA  Confidential  Local 3  Management  TPEA\*

### GYM / HEALTH CLUB INFORMATION

Request Type:  New  Renew  Change  Cancel

**BEFORE FILLING OUT THIS FORM, IT IS YOUR RESPONSIBILITY TO VERIFY WITH THE GYM/HEALTH CLUB THAT THEY WILL ACCEPT DIRECT PAYMENT FROM THE CITY (NOT APPLICABLE IF YOUR MEMBERSHIP IS PREPAID). FOR NEW REQUESTS, RENEWALS AND CHANGES, YOU MUST ATTACH A COPY OF THE GYM/HEALTH CLUB CONTRACT. THE CONTRACT SHOULD SHOW NAMES OF ALL MEMBERS AND THE AMOUNT OF THE MEMBERSHIP DUES.**

**\* FOR TPEA UNIT MEMBERS, THE GYM/HEALTH CLUB MUST BE WITHIN CITY LIMITS.**

Gym/Health Club Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Membership Type:  Month-to-month  Contract (Term End Date: \_\_\_\_\_)  
 Prepaid (provide proof of advanced payment with contract)

\$ \_\_\_\_\_ Total monthly cost of membership

\$ \_\_\_\_\_ Monthly amount to be reimbursed (up to \$27.00 paid directly to the Gym/Health Club or directly to the employee for the prepaid membership type)

\$ \_\_\_\_\_ Net cost to employee (amount to be deducted from employee's paycheck; not applicable for the prepaid membership type)

### SIGNATURE

I understand that it is my responsibility to immediately notify Human Resources of any changes to my gym/health club contract. If changes are not reported timely, I understand that I will be held responsible for any overpayment of funds. I will also be required to confirm continued membership by completing a new Gym/Health Club Reimbursement Form and providing an updated contract by the end of the gym/health club contract term or annually for month-to-month members to continue to receive the reimbursement. If the gym/health club membership is prepaid and the employee leaves or is terminated from the City; the City will immediately stop the monthly payment to the employee. Forms submitted to Human Resources by the 1<sup>st</sup> of the month will be processed during the 2<sup>nd</sup> pay period of that month.

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