



# Fitness Facility Reimbursement & Altered Work Schedule Application

## Employee Data

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

Department: \_\_\_\_\_ Current Vacation Hours: \_\_\_\_\_

City Employee ID Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_

*\*Employee must have successfully completed probation*

## Fitness Club Reimbursement

Reimbursement amount requested (up to \$500 maximum): \$ \_\_\_\_\_

Fitness Facility Name and Address: \_\_\_\_\_

***You must attach a dates receipt(s)/contract and/or pay schedule (monthly payment plan only) which shows who is covered, the services you paid for and the amount you paid.***

Dependents covered under the fitness club membership: \_\_\_\_\_

I have read and understand the employee fitness program policies and procedures and agree to the terms. The individual(s) listed are my spouse and/or dependent(s), adult designee(s) and/or their dependent(s) who are living in my home.

## Altered Work Schedule (if applicable)

Requested Altered Work Schedule (not to exceed 1.5 hours per work day – by combining a one hour lunch plus two 15-minute breaks)

Define Altered Work Schedule: \_\_\_\_\_

Length of Altered Schedule: \_\_\_\_\_ to \_\_\_\_\_

I understand that an altered works schedule is negotiable through my supervisor and in consideration of the demands of the work environment; it is not an entitlement of participation in a fitness program. My participation in fitness activities is voluntary and not within the scope of my employment with Salt Lake City Corporation. It is not required or expected of my employment and is not covered under the Utah Workers' Compensation Act. As such, I will be personally liable for all costs of treatment or care, or other financial expenditures or financial loss or impairment that might arise from my participation in fitness activities.

## Authorization and Approval

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

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor signature required for altered work schedule only*

Return to: Salt Lake City Corporation Human Resources Department Interoffice mail box 5464

Accounting Office Notes:

Current Hourly Rate: \$ \_\_\_\_\_ Number of Vacation Hours Taken: \_\_\_\_\_

Date Transactions Entered onto Payroll: \_\_\_\_\_