

Application for Fitness Facility Reimbursement & Altered Work Schedule

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

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: \$ _____

- Regular Full Time Employee (Reimbursement maximum of \$500/per year)
- Regular Part Time Employee (Reimbursement maximum of \$250/per year)

Fitness Facility Name and Address: _____

You must attach a dated 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 domicile.

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 _____
(Month and Year to Month and Year)

I understand that an altered work 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.

Authorization and Approval

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____

Accounting Office Notes:

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

Date Transactions Entered onto Payroll: _____