



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 \_\_\_\_\_ (Month and Year to Month and Year)

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.

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: \_\_\_\_\_