

EMPLOYEE FITNESS PROGRAM - REIMBURSEMENT REQUEST FORM

The City of Savannah allows active employees to be reimbursed for participating in physical activity at a fitness facility of their choice. If you are a member to a gym or fitness center and attend a minimum of 8 times per month on a consistent basis, you are eligible to submit for partial reimbursement. Reimbursements will be distributed on a 6 month period in the amount of \$15 per month, before taxes, for each consecutive eligible month. ***Employees will only be reimbursed if they are an active City employee at the time of reimbursement, complete and submit the necessary paperwork via fax (525-1528) or email to shanson01@savannahga.gov by the due date and comply with all requirements of the program at an eligible facility. Reimbursement is at the discretion of the employee health coordinator and limited to one fitness facility per employee.*

***YOU MUST SUBMIT:

- 1** - Completed Reimbursement Request form by the due date. Form must be legible.
- 2** - A monthly report of your attendance, on your gym’s letterhead or signed by a fitness manager.
- 3** - Proof of payments made to your fitness facility for the 6 month reimbursement period.

***Submit all reimbursement paperwork to the Employee Health Coordinator by the due dates listed below. Failure to submit all legible documents on time will result in an automatic denial of your request.*

REIMBURSEMENT DUE DATES FOR 2020:

- Due January 15, 2021** (previous 6 months – July to Dec 2020)
- Due July 15, 2021** (previous 6 months – Jan to June 2021)

INFORMATION TO BE COMPLETED BY EMPLOYEE: (PLEASE PRINT)

I certify that the information provided is true and correct. I understand that reimbursement is based upon meeting attendance requirements and submitting all required paperwork on or before the due date. Participation in this program is voluntary and I understand that reimbursement is up to the discretion of the Employee Health Coordinator.

Name:	Employee Number:
Department Name:	Phone Number:
Fitness Location:	Signature:

CHECKLIST FOR SUBMISSION:

- Completed Reimbursement Request Form
- Attendance Report on Fitness Center Letterhead with gym manager’s signature**
- Proof of payments made to your fitness facility for the 6 month reimbursement period