



Perfect Attendance Health Club Membership Reimbursement

(Calendar Year 2023 / Pay Period 01/23 – 26/23)

1. Personal Information

Employee ID	Last Name, First Name	Regular Work Schedule: (choose one) <input type="checkbox"/> 80 hours per pay period <input type="checkbox"/> 72 hours per pay period <input type="checkbox"/> Other:
Department	Work Phone Number	

2. I am requesting Membership Reimbursement (employee only)

Must attach payment receipt and copy of contract specifying terms of membership.

Club Name	City	\$ Amount being claimed

I understand that:

- The Perfect Attendance program provides County employees reimbursement **up to \$299.00** for an approved health club membership, **employee-only** (no family or add-ons). This amount will be **prorated** for employees who are scheduled less than eighty (80) hours per pay period. For example, employees scheduled for seventy-two (72) hours per pay period will receive \$269 reimbursement.
- The County-paid membership is a taxable benefit and will be added to my taxable gross income.
- The County reserves the right to verify the information I provide.
- Reimbursement claims **must** be submitted no later than **September 30, 2024**.

I certify that:

- The amount being claimed is for **employee-only** health club membership.
- All of the information listed above is full, complete, and true.

Employee Signature	Date
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Office Use Only

Eligibility Verified by	Date
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DISTRIBUTION: Original – EBSD (0440) attention: PAL or email at mhm@hr.sbcounty.gov