



Gym Reimbursement Claim Form

The City of Oakley makes available a gym/health club/fitness reimbursement program that provides partial reimbursement of up to \$35 per month to employees who provide the City with written verification of regular membership at an East County (Pittsburg, Antioch, Oakley, Brentwood, or Discovery Bay) health club or commercial gym.

Reimbursements will be provided once a quarter, to employees who submit this claim form and written proof of membership to Human Resources per the schedule below:

- **January 15, 2019** for Sept., Oct., Nov., & Dec. 2019
- **April 15, 2020** for Jan., Feb., & March of 2020
- **July 15, 2020** for April, May, & June of 2020
- **October 15, 2020** for July, Aug., & Sept., of 2020

Employee Information			
First Name	Last Name		
Address	City	State	Zip code
Gym Information			
Gym Name	Telephone Number		
Address	City	State	Zip code
Reimbursement Information			
<input type="checkbox"/> Membership fees. Monthly membership fee:			
<input type="checkbox"/> Fitness class fees. Fee per class:			
Period Covered		Total Dollars Requested	
From	To	(not to exceed \$35/month or \$105 per quarter)	
		\$	

The City of Oakley will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the employee's address on file. Reimbursements may be considered taxable income, so consult your tax advisor.

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

- I have included “complete” – “third-party” documentation. Example: **paid invoice** that describes dates of service and an indication services were provided to you

Employee’s Name (print)

Employee’s Signature

Date