



POA Gym Reimbursement Claim Form

The City of Oakley makes available a gym/health club/fitness reimbursement program that provides partial reimbursement of up to \$10 per month to employees who provide the City with written verification of regular membership at an Oakley 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 26th, 2021** for Oct., Nov., & Dec. 2020
- **April 15th, 2021** for Jan., Feb., & March of 2021
- **July 8th, 2021** for April, May, & June of 2021
- **October 14th, 2021** for July, Aug., & Sept., of 2021
- **January 20th, 2022** for Oct., Nov., & Dec. 2021

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 \$10/month or \$30 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