



## Weber County Employee Gym Membership Reimbursement Agreement

I, \_\_\_\_\_ certify that I am a benefits eligible employee who has been employed by Weber County for a minimum of six (6) months. I have a current gym membership at one of our corporate partner fitness centers (EÖS or VASA), and agree to make at least eight (8) visits per month. In return for my participation, Weber County will reimburse my monthly membership fee on my bi-weekly paycheck in the amount of \$\_\_\_\_\_ per month (any fees exceeding \$17 are my responsibility). If my participation in exercise at my fitness center falls below the minimum of eight (8) visits per month, I agree that I will not be reimbursed for that month. I agree to turn in verification of my gym visits to the Human Resources department by the 15<sup>th</sup> of the following month. I understand that if I do not provide my verification by the 15<sup>th</sup> of the following month, I will not receive the reimbursement for that month. I agree to report my visits in the manner and format required by Weber County. If my employment with Weber County is terminated for any reason, I agree that Weber County shall not be required to make any monthly payment after the date of termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date