



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 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 15th of the following month. I understand that if I do not provide my verification by the 15th 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