



CITY OF OXNARD

MANAGEMENT AND CONFIDENTIAL EMPLOYEES' WELLNESS PROGRAM

HEALTH CLUB/EQUIPMENT REIMBURSEMENT FORM

TO: Human Resources Director

FROM: _____

TITLE: _____

Four empty rectangular boxes for department/division information.

Department/Division

Employee Number

In accordance with Resolution Nos. 9256 and 9505 and the Administrative Manual, I am eligible to receive reimbursement for joining a full service health club or purchasing physical fitness equipment under the Management and Confidential Employees' Wellness Program up to a maximum of \$500 per fiscal year. Attached is an original receipt for the cost of membership or purchase of equipment or services.

I am requesting a reimbursement of \$_____.

Date Employee Signature

TO: Payroll

The above request for reimbursement, as specified in the Management and Confidential Employees' Wellness Program, is approved/denied.

Please reimburse the employee \$_____

Date

Authorized Signature

Distribute copies to:

- 1. Payroll
- 2. Personnel File

FY Total Reimbursement to Date: \$_____