Perfect Attendance
Health Club Membership Reimbursement
(Calendar Year 2021 / Pay Period 01/21 – 26/21)

1. Personal Information			
Employee ID	**Last Name, First Name**	**Department**	
Work Phone	**Home Phone**	**Interoffice Mail Code**	
Mailing Address	**City**	**State**	**Zip**

2. I am requesting Membership Reimbursement (employee only)		
Must attach payment receipt and copy of contract specifying terms of membership.		
Club Name	**City**	**$ Amount being claimed**

I understand that:

- The Perfect Attendance program provides County employees reimbursement up to $299.00 for a one-year paid, ***employee-only*** health club membership (no family or add-ons).
- The County-paid membership is a taxable benefit and will be added to my taxable gross income.
- The County reserves the right to verify the information I provide.
- Reimbursement claims **must** be submitted no later than **October 1, 2022**.

I certify that:

- The amount being claimed is for ***employee-only*** health club membership.
- All of the information listed above is full, complete, and true.

Employee Signature	Date

Office Use Only

Eligibility Verified by	Date

DISTRIBUTION: Original – EBSD (0440) attention: PAL or email at mhm@hr.sbcounty.gov