

**Category: HUMAN RESOURCES**

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**FITNESS REIMBURSEMENT BENEFIT****I. PURPOSE**

SVCE offers its employees the opportunity to participate in a voluntary Fitness Reimbursement Program in order to promote employee health and morale.

**II. SCOPE**

All regular full-time employees.

**III. DEFINITIONS**

“Approved Health Club or Fitness Program” shall mean a facility, class, or series of classes primarily designed to promote wellness and improve the health and physical condition of each member through cardiovascular, flexibility, strength and/or other exercises. Weight loss clinics, massages, spas, and similar facilities are excluded.

**IV. POLICY****A. Terms**

Employees that choose to participate do with the information that:

1. The program is not a requirement of their employment with the agency;
2. Injuries resulting from an employee’s participation in this Program will not qualify for worker’s compensation benefits;
3. The employee’s time spent in fitness activity is not compensable.

**B. Enrollment**

1. Employees must sign and return their Fitness Reimbursement Program Form to the Administrative Services Manager to participate in the program.
2. The form shall state the employee understands the terms and requirements of the program, the name of the

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Approved Health Club or Fitness Program the employee has selected, and the estimated membership cost.

3. Once the employee has chosen to participate in the program, they are assumed to be a participant until they notify the Administrative Services Manager that they no longer wish to participate.

**C. Gym Eligibility**

To be eligible for reimbursement, the Approved Health Club or Fitness Program must have an active sales tax permit with the State of California.

**D. Payment & Taxation**

1. SVCE will reimburse employees that meet the requirements for reimbursement twice a year, up to a maximum of \$600 annually.
2. Reimbursement will be included as an allowance on the employee's paycheck.
3. Employees should note that the reimbursement is treated as a taxable benefit.

**E. Eligible Expenses**

Reimbursements will be for the cost of the Approved Health Club or Fitness Program membership fees only.

**F. Ineligible Expenses**

Workout clothing, in-gym purchases, travel costs, etc. are not eligible for reimbursement.

**V. ATTACHMENTS**

Fitness Reimbursement Benefit Form



## FITNESS REIMBURSEMENT FORM

### Employee Information

Name (Print): \_\_\_\_\_

### Approved Health Club or Fitness Program Information

Name of Facility / Program: \_\_\_\_\_

Address: \_\_\_\_\_

Membership / fee you paid: \$ \_\_\_\_\_

per Month  Year  Other: \_\_\_\_\_

*(limit of \$600 /year)*

*\*Please attach all itemized receipts/documentation, including contract if applicable. If auto-billed, please include a redacted bank or credit card statement(s) showing deductions.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I attest that the services for which I am seeking payment were purchased for my own personal use and were not acquired for use by anyone else. I understand that the Benefit is only for Health Club and Fitness Program reimbursement, and SVCE, in its sole discretion, can refuse to pay for services that I may have purchased that are not considered approved services.*

(Return signed copy to Administrative Services Manager)