



COUNTY OF BURNET GYM MEMBERSHIP REIMBURSEMENT FORM

RULES FOR PARTICIPATION

- GYMS:** Your gym must have electronic tracking capabilities for monitoring the dates and frequency of your workouts. The gym must be a fitness facility with a physical location and licensed to operate in the state of Texas.
- WORKOUT FREQUENCY:** You must work out at least nine (9) days per calendar month (effective 06/01/2024).
- DOCUMENTATION:** You or your gym must be able to produce a printed document from your gym's electronic tracking system reflecting each day you visited their workout facility. *Handwritten documentation may be accepted in limited circumstances subject to approval by the County Auditor.*
- FILING FOR THE REWARD:** After a month in which you have met the "Workout Frequency" requirement, you must submit a completed "Reward Claim Form" (below) along with the printed document from your gym.
- REIMBURSEMENT:** This program will make a payment to the employee in an amount up to **\$40** for each month that proper "Documentation" has been provided showing that the "Workout Frequency" requirement has been met. This reward is only payable to active current employees and could be reported as taxable income. All reimbursement request must be submitted no later than 30 days after fiscal year end.
- PAYMENT:** All reimbursements will be processed through payroll or accounts payable.

EMPLOYEE INFORMATION

Employee Name: _____

DOB: _____ Phone #: _____

Address: _____

NOTE: Address changes must be given directly to the Human Resource Department for updates.

Email: _____

GYM INFORMATION

Name of Gym: _____

Location: _____ Phone #: _____

GYM ATTENDANCE INFORMATION

MONTH(S): Please check the applicable month(s) in which you are requesting reimbursement:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

YEAR: Please provide the year associated with the months indicated above: _____

SIGNATURE OF AUTHENTICATION

I hereby attest that I personally met all the requirements shown above. I understand that falsifying any of this information may lead to disciplinary action by the County.

Employee Signature: _____ Date: _____

SUBMIT THIS FORM & YOUR DOCUMENTATION TO Burnet County Auditor Accounts Payable:

A. MAIL: Attn: Burnet Human Resources Attn: Accts Payable, 133 E. Jackson St., Burnet, TX 78611;

✉ EMAIL: sdenton@burnetcountytexas.org