Fitness Reimbursement Policy

Purpose:

TydenBrooks is committed to promoting the health and well-being of our employees. To encourage an active lifestyle, the company offers a Fitness Reimbursement Program to help cover fitness-related expenses.

Policy Details:

- **Reimbursement Amount:** Employees are eligible for reimbursement of up to $25.00 per month for approved fitness-related expenses.
- **Eligibility:**
  - ❖ All active full-time employees are eligible to participate.
  - ❖ Employees are eligible for reimbursement beginning the first of the month following their date of hire.

Eligible Expenses:

The following are examples of fitness-related expenses eligible for reimbursement:

- Membership fees to an approved gym or fitness facility.
- Approved fitness programs or classes (e.g., aerobics, martial arts, yoga).

Non-Eligible Expenses:

- Purchase of fitness equipment.
- Dietary supplements or medications (prescription or over the counter).
- Personal training sessions are not part of gym membership.

Reimbursement Procedures:

1. **Proof of Payment:**
   - ❖ Submit a valid receipt showing proof of payment for the eligible expense.
   - ❖ The receipt must include the employee's name and the name of the fitness facility or program.
2. **Submission Deadline:**
   - ❖ Reimbursement requests must be submitted monthly and no later than 30 days after the expense is incurred.

Program Administration:

1. Employees must submit the Fitness Reimbursement Request Form along with proof of payment to your HR Team.
2. Use the link, QR Code or fill out the Fitness Reimbursement Request Form attached:

   https://form.jotform.com/TydenBrooks/fitness-reimbursement-request-form
3. Reimbursements will be processed and included in the employees' next paycheck after approval.
4. Reimbursement is subject to the annual limit of $300.00 ($25/month x 12 months). Unused credits do not carry over to the next calendar year.

Acknowledgment:

By participating in the Fitness Reimbursement Program, employees agree to follow all guidelines outlined in this policy. TydenBrooks reserves the right to amend or discontinue the program at its discretion. For questions or assistance, please contact your HR Team.

QR Code of the Fitness Reimbursement Request Form

Employee Information

- **Last Name:** _____
- **First Name:** _____
- **Phone Number:** _____

Fitness Facility/Program Information

- **Name of Facility/Program:** _____
- **Facility/Program Address:** _____
- **Facility/Program Telephone:** _____
- **Monthly Membership/Class Fee:** _____

Reimbursement Details

- **Reimbursement Period:** _____ (Monthly)
- **Total Amount Requested:** _____ (up to $25.00)

Required Documentation

Please attach valid proof of payment, which may include:

- A receipt from the facility/program showing your name and payment details.
- A copy of a signed fitness agreement on facility letterhead.
- A bank or credit card statement showing payment (personal information other than name and relevant transaction details may be redacted).

Employee Certification

I certify that the information provided above is accurate and that the attached documentation is valid. I understand that all reimbursements are subject to company policies and that any false claims may result in disciplinary action.

Employee Signature: _____
Date: _____

HR Use Only

- **Date Received:** _____
- **Documentation Verified:** ☐ Yes ☐ No
- **Approved Reimbursement Amount:** _____
- **HR Representative Name:** _____
- **HR Representative Signature:** _____
- **Date:** _____

Submission Instructions:
Submit this completed form along with the required documentation to the HR Team by the 15th of the following month to ensure timely processing. Reimbursements will be included in the next paycheck upon approval. For questions, please contact your HR Team.