

Indian Affairs
Fitness Membership Fee Reimbursement Program Self-Certification of Usage

I certify that I have engaged in fitness activities at the center for which I am seeking membership fee reimbursement an average of two times per week for the period for which I am seeking reimbursement, normally a period of one calendar year.

I understand that failure to engage in fitness activities at my center for an average of two times a week for the reimbursement period disqualifies me from receiving reimbursement for my membership fees.

I also understand that falsely certifying usage will lead to my immediate removal from participation in the IA Fitness Membership Fee Reimbursement Program, without reimbursement for expenses already incurred, and may result in disciplinary action.

Employee Name (PRINT): _____

Fitness Center: _____

Signature: _____ **Date:** _____

Supervisor's Signature: _____

Date: _____