



Festus R-6 School District Wellness Benefit Reimbursement Form 2021-2022

Festus R-6 employees are eligible to receive reimbursement up to a **\$100 annual maximum** for:

- **Fees paid to fitness facilities which meet the following criteria:**
 - 1) Offer cardiovascular, flexibility, and/or resistance training opportunities, programs, and/or instructor-led classes.
 - 2) Offer a membership agreement or registration.
 - 3) Have staff oversight.
- **Race events (walk, bike, run) of 5K (3.1 miles) or longer or other fitness competitions**
- **Other Programs, Memberships, etc., that promote a healthier lifestyle**
- **Reimbursement is ONLY applicable for the Festus R-VI employee. Fees paid for other family members cannot be reimbursed.**

Substitute employees are not eligible for reimbursement.

Complete this form and attach all pertinent documentation for verification. **(Reimbursement will not be processed without documentation.)** Verification of payment for July 1, 2021 through June 30, 2022 can be in the form of an official receipt, official statement or other document from the facility or event and must include all of the following items:

- Name of the facility or event (*letterhead of facility*)
- Your name (*If for a gym membership, must show family membership if in spouse's name*)
- Membership/event details (*annual membership, monthly dues, class, etc.*)
- Date and Amount of Payment (**not** the amount billed)

SUBMIT FORMS TO:

**Roy D. Burnside Administrative Building
1515 Mid-Meadow Lane; Festus, MO 63028**

**The Accounting Department will facilitate the approval process for wellness reimbursements.
Once approved, the form will be submitted at the next regularly scheduled Board meeting.**

In order to receive reimbursement all forms must be submitted by May 31, 2022

Employee Name (print): _____ Full-time Part-time

Employee Building: CO EL IN MS HS Transportation CAFÉ MAINT

Fitness, Facility/Race Event: _____

Reimbursement Amount Requested: _____

Employee Signature: _____ Date: _____

For Administrative Use Only:

Reviewed/approved by: _____ Date: _____

Approved by Manager of Business Services: _____

Vendor #: _____ Account Code: _____ Amount: \$ _____