

Fitness Reimbursement Program—***Fitness Center Tracking Card***



Associate's Name: _____

Reimbursement Month: _____

Fitness Center: _____

Associates must exercise at their health club a minimum of 10 times/month to be eligible for reimbursement

All Tracking Cards must be submitted to the HR Department within 3 days following the end of the month

A utilization report from your health club may be turned in in lieu of tracking card

	<i>Date of Visit</i>	<i>Exercise</i>
Visit 1		
Visit 2		
Visit 3		
Visit 4		
Visit 5		
Visit 6		
Visit 7		
Visit 8		
Visit 9		
Visit 10		

Fitness Reimbursement Program—***Fitness Class Tracking Card***



Participant's Name: _____

Fitness Class Dates: _____

Fitness Class Name: _____

Length of Session or # of Class "Punches": _____

Associates must complete the class session or punch card to be eligible for reimbursement

Completed class punch cards may be turned in in lieu of the tracking card

Length of class session may differ from 10 classes—Add/Remove classes as needed.	<i>Date of Class</i>	<i>Instructor's Initials</i>
Class 1		
Class 2		
Class 3		
Class 4		
Class 5		
Class 6		
Class 7		
Class 8		
Class 9		
Class 10		