All gym membership reimbursements require proof of a minimum of 8 visits per month for each month you are seeking reimbursement up to the maximum $40 per month. Have a gym employee sign and date your visits on this Gym Attendance Verification Sheet –OR—if your gym has the capability for a printout record of your attendance, that record is acceptable in place of this form.

Name of Primary Gym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **DATE** | **SIGNATURE OF GYM EMPLOYEE VERIFYING ATTENDANCE** |
| **MONTH >** |  |  |
| Visit #1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| **MONTH >** |  |  |
| Visit # 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| **MONTH >** |  |  |
| Visit # 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

|  |  |
| --- | --- |
| *State Employee Name (please type or print)* | *Department* |
| *Preferred Phone* | *Email* |

Please visit your primary gym as often as you like. For purposes of reimbursement we only require documentation for the minimum 8 visits per month.

This form is for proof of attendance only. In order for your Gym Membership Reimbursement to be processed, you must submit the following to your agency’s Human Resources/Payroll office:

**1. Gym Membership Reimbursement form, 2. Proof of payment/membership and 3. Proof of gym attendance**

**(Please keep a copy for your records.)**

For more information, visit [www.maine.gov/deh](http://www.maine.gov/deh) or e-mail [info.wellness@maine.gov](mailto:info.wellness@maine.gov).