



Wellness Promotion Program

Wellness Stipend Reimbursement

Please complete this request form in detail and submit it to the Licensing and Policy Director or Executive Director.

Employees can submit requests for reimbursement of expenses related to wellness activities of up to \$200.00 per calendar year (January 1-December 31). Authorization shall be approved or rejected within 30 days. Approved requests will be distributed to the employee via payroll. The agency reserves the right to deny any request that is determined by the HCO management team, which does not meet the intent of this program.

What qualifies? This program does not offer the stipend for such things as books, exercise clothing (including tennis shoes) or participation on sports or recreational teams. Eligible items include such things as registration for wellness or exercise classes, registration to an exercise club or center, programs to quit smoking, dietary and weight loss programs, yoga, exercise equipment, and other related activities to promote wellness. Contact the Licensing and Policy Director if you have questions.

Name of Employee: _____ Program: _____

Date of Request: _____

Description of Wellness Program/Activity you are participating in:

Provide a copy of a valid receipt showing your cost for the activity. Requests will be denied without a valid receipt

DISCLAIMER:

It is understood with your signature below that Home and Community Options, Inc. is not liable for your participation in this activity. It is further understood that you are completing this wellness activity on your own time and that this activity is not associated with your work activity or job performance.

I request this stipend for the Wellness Program/Activity described above and agree to the disclaimer:

Signature of Employee

Date

_____ Approved _____ Rejected

Director of HCO

Date