



Harvard School of Public Health Fitness Benefit Reimbursement Form Fiscal Year July 1, 2008 – June 30, 2009

For office use only:
 Entered Database
 Eligible
 Correct forms filled in properly
 Original receipts

Name: _____ Harvard ID: _____ - _____ - _____

Department: _____ Office Telephone Number: _____

Office Address: _____ Email Address: _____

Date of Hire: _____

Which payroll are you on? *(please check one)* Faculty _____ Staff _____ Other _____

Have you already been reimbursed in this fiscal year? Yes _____ No _____

If yes, indicate amount reimbursed to you: _____

Your maximum benefit for the year is dependent on your years of service, according to the following schedule:

- Less than 5 years: \$350.00
- 5 or more years: \$550.00

Amount of reimbursement requested: \$ _____

Please check one of the following options:

Health or Athletic Club Membership: *(please specify)* _____

Harvard Fitness Class: *(please specify)* _____

Aerobic Classes: *(please specify)* _____

Non-Harvard Fitness Class: *(please specify)* _____

Athletic Equipment: *(please specify)* _____

Harvard University Athletic Sticker: _____

Vanderbilt Hall Athletic Facility Membership

Weight or Stress Management classes/ treatment: *(please specify)* _____

Employee Signature _____
Date

Human Resources Signature _____
Date

NOTE: All completed forms go directly to Human Resources in Kresge 505. Payments will be processed as additional pay compensation and will take 4-6 weeks.

INSTRUCTIONS

This form should be filled out if you are submitting an application for reimbursement in this fiscal year (2008-2009).

Step 1:

- Complete all sections of the form (please print).

Step 2:

- Attach the necessary documentation/evidence of payment (original receipts, original invoices, copy of cancelled check (front and back), and any other supporting documents).

Step 3:

- Submit the form and documentation to the Human Resources in the Kresge building, Room 505 for approval.

Step 4:

- Human Resources will approve and forward to Financial Services for processing.

If you have questions concerning your benefit or this form, please call Human Resources at 2-0979.