

USDA NRCS

SELF-CERTIFICATION PARTICIPATION FORM For Employees Participating in NRCS Wellness Program

I certify that I:

- Have an active membership in the following fitness provider/platform:
 - Name of the facility or provider: _____
 - My cost is \$ _____ per _____
- Will not use official government time or vehicles to participate in this fitness reimbursement program.
- Have discussed my intent to participate with my Supervisor.
- Will only claim reimbursement for actual usage within the guidelines established:
 - Participate in wellness activities at least two or three times per week, and
 - Provide proof of the cost of membership fees

Refer to 360 GM § 420.224(2), "Health-based Incentives."

- Understand that this cost incentive may be canceled if funding is no longer available or if I abuse the privilege.
- Understand that I may be audited and would need to provide all requested documentation for proof of participation and membership at that time

Requester Printed Name and Signature

Date

The signatures below indicate approval for employee to receive the cost incentive under the NRCS Wellness Program

Supervisor Printed Name and Signature

Date

Allowance Holder Name and Signature

Date