

National Weather Service
Health Club and Wellness Services Fees Reimbursement Program
Self Certification of Usage
FORM B

I certify I have engaged in fitness activities or wellness services in which I am seeking reimbursement fees. I understand my failure to engage in said activities disqualifies me from receiving reimbursement.

I also understand that falsely certifying usage will lead to immediate removal from participation in the National Weather Service Health Club and Wellness Services Fees Reimbursement Program.

Print Name:

Fitness Center/Wellness Activity:

Employee Signature:

Date:

Supervisory Signature:

Date: