

National Weather Service
Health Club and Wellness Services Fees Reimbursement Program

1. What is the intent of this program?

The intent of this program is to assist and encourage employees achieve and maintain physical fitness through the use of health club and wellness services, such as physical fitness maintenance/improvement, weight loss, or smoking cessation programs. Physical fitness activities should:

- Be an effective method of achieving and maintaining physical fitness
- Support the concept of ongoing participation in physical fitness activities throughout the year, rather than a one or two time event

Reimbursement, up to \$300 per calendar year, for the expense of health club and wellness services described above should be a prudent expenditure of government resources and should not conflict with the public's perception of judicious use of government funds.

It is not the intent of this program to reimburse employees for activities that are primarily leisure activities or recreational activities. Entrance and registration fees are not covered under this program.

This program is intended to maximize wellness benefits to National Weather Service (NWS) employees while minimizing administrative cost and overhead to manage the program. Therefore, the program does not cover the cost of purchasing equipment or materials for employee's personal use. Such purchases would belong to the Agency making oversight of the program unmanageable.

The program will not reimburse employees for tangible and/or consumable products, unless the products are incidental to otherwise covered services.

In order for NWS employees to be eligible for reimbursement of membership fees, the health club or wellness service must conform to applicable laws, rules, and regulation.

2. What is the authority for this program?

This program is based on the authority provided by 5 U.S.C. 7901, Health Services Program.

3. Who is eligible to participate in this program?

Full-time and part-time permanent (career-conditional and career) NWS employees. Temporary, term, students, and contractors are ineligible.

4. Can family memberships be reimbursed?

No. Federal Statute does not authorize this.

5. What time period does the program cover?

The program covers calendar years (January through December) beginning January 1, 2009.

6. How do I enroll in the program?

For calendar year 2009 – You must provide a completed FORM A to your supervisor by July 1, 2009.

Thereafter – You must provide a completed FORM A to your supervisor between January 1 and the last day of February (open season).

New NWS employees or existing employees unable to apply during the open season due to prolonged absences may apply within 14 calendar days of returning to or entering service.

Employees are advised a medical examination is recommended prior to engaging in a fitness program. The employee is financially responsible for said medical examination.

7. What documentation must I provide for reimbursement?

FORM B and proof of payment for membership/services. A receipt of payment from the appropriate facility or service provider is preferred. Appropriately redacted cancelled check or credit card statement or receipt for cash payment is acceptable.

8. When do I submit the appropriate documentation for reimbursement?

January 1 – February 28/29 of the year following the calendar year of using health and wellness services/membership.

9. Appeal process:

If an employee disagrees with the supervisor's decision on reimbursement, the employee can submit an appeal of the decision to the Health Club Appeals Committee (HCAC) for review. The HCAC will consist of two representatives from the National Weather Service Employees Organization (NWSEO) and two representatives from NWS management.

The employee has 15 calendar days after receipt of the supervisor's decision to submit all supporting documentation to the HCAC. Appeals and supporting documentation must be submitted to:

National Weather Service
W/CFO3 – Chief, Management and Organization Division
1325 East West Highway
SSMC2 Room 18348
Silver Spring, MD 20910-3283

The HCAC will meet in early March. The HCAC will review appropriate documentation and try to reach a single recommendation and associated reasoning. However, if the committee cannot reach a single recommendation, separate recommendations and

associated reasoning can be provided to the Director, National Weather Service or his/her designee.

The Director, National Weather Service or his/her designee will take the HCAC's recommendation under advisement before making a final decision by the end of April. The final decision will be provided to the employee, NWSEO President and employee's supervisor.

NWS and NWSEO reserve all rights under applicable laws, rules, regulations and the Collective Bargaining Agreement.

10. What does a supervisor do with the forms?

Within 15 calendar days, the supervisor will submit a completed CD-326LF for the approved reimbursable amount to the appropriate Workforce Management Office. FORM B and proof of payment will be maintained by the local office for six years and two months.

11. How will the program be assessed for effectiveness?

The goals of the program are to improve employee's physical health and wellness while benefiting the NWS with increased employee morale and productivity. One goal of the program is to reduce the use of sick leave and its associated costs. A 2% reduction in the use of sick leave would be a significant cost savings to the NWS and benefit the employees through stable office schedules. A component of the assessment of the program's effectiveness will be an evaluation of employees' satisfaction.

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Application Form
FORM A

I wish to participate in the National Weather Service Health Club and Wellness Services Fees Reimbursement Program. I have read and understand the document titled National Weather Service Health Club and Wellness Services Fees Reimbursement Program and will follow the guidelines contained therein.

I understand there are inherent risks whenever one engages in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, because of my participation in my fitness program.

I hereby release and hold harmless from any liability associated with the National Weather Service Health Club and Wellness Services Fees Reimbursement Program whatsoever the National Weather Service, National Oceanic and Atmospheric Administration, and the Department of Commerce, as well as its supervisors and representatives. I have been advised a medical examination is recommended prior to engaging in a fitness program and I am financially responsible for said medical examination.

I certify that I have read the document titled the National Weather Service Health Club and Wellness Services Fees Reimbursement Program, associated Frequently Asked Questions, this application form and understand their contents.

Employee Name (print):

Employee Signature:

Date:

Supervisor Name (print):

Supervisor Signature:

Date:

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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: