



SHEBOYGAN AREA
— SCHOOL DISTRICT —
Staff Wellness

Gym Membership Reimbursement Request Form

Please complete the form and return to Human Resources at human-resources@sasd.net no later than February 15, 2026.

First and Last Name: _____ Employee #: _____
(Please add "s" at the end if you are a spouse)

Address: _____

Employee's School/Building: _____ Position: _____

By initialing below, I certify that:

_____ I completed a personal training session, in which I was required to join a fitness/gym facility.
(Initial)

OR

_____ I made at least 80 visits to a fitness/gym facility from January 1, 2025 through
(Initial) December 31, 2025.

_____ I have attached the required proof for reimbursement (i.e. joined a fitness/gym facility as
(Initial) part of the personal training program or made 80 visits to a fitness/gym facility over the past calendar year January 1 – December 31).

_____ I understand that the reimbursement will be in the amount of \$40.
(Initial)

_____ I understand that if I'm a spouse of an SASD employee, my reimbursement will
(Initial) be deposited into my spouse's bank account on file with the district.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved by: _____ Date: _____

Department	Account Number	Select Classification
Wellness	10-E-514-169-264500-000	WCP