



**Dane County
Fitness Equipment Reimbursement**

Reimbursements are funded from the \$50,000 wellness funds the county receives under its contract with Dean Health Plan. The budget for this program is \$5,000.00, payable to employees first-come, first-served and once this funding is gone, reimbursements cannot be approved.

When you rent or purchase fitness equipment for yourself, the county will reimburse you. This could include things like a kayak, bike, weights, home gym items, sports equipment, fishing poles, golf clubs, skis or snowshoes, etc. (You can only submit Fitness Shoes or Fitness Trackers on the Health & Wellness Reimbursement.) Upon submission of proof of payment/required information, **you will receive up to 50% of your paid amount, up to a max total of \$50.**

Note: You may submit for the other reimbursements as well. You must be actively employed with Dane County for the items that are being submitted for reimbursement. Purchases for family members are excluded.

All reimbursements require the approval of Employee Relations. Complete the form below and submit along with your proof of payment to Employee Relations (CCB room 418).

Once you receive the approved form back from Employee Relations, you need to record the amount of the approved reimbursement as pay code _WLR_ on your employee exception report/time sheet (Sheriff's Office no code). You then attach the original copy of the signed reimbursement form to your exception report/time sheet. The reimbursement will show up on your paycheck, net of any taxes withheld.

Employee Name: _____ Department: _____

Employee Work Location: _____ Phone Number: _____

Item(s) purchased/rented: _____ Proof of Payment Attached:

Total Amount You Paid: \$ _____ Total Amount Reimbursed: \$ _____

Employee Signature: _____ Date: _____

Employee Relations Approval Signature: _____

Date of Approval: _____