



*National Weather Service  
Employees Organization*

**FORM B**

**National Weather Service  
Health Club and Wellness Services Fee Reimbursement Program**

**Self-Certification of Usage**

I certify that I have engaged in fitness activities at the center at which I am seeking membership fee reimbursement. I understand that my failure to engage in fitness activities at my center disqualifies me from receiving reimbursement for my membership fees.

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

Employee Name (Print): \_\_\_\_\_

Fitness Center: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_