



*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: _____