

Reclamation Manual

Directives and Standards

U.S. Department of the Interior
Bureau of Reclamation
Human Resource Policy



Wellness Program Individual Wellness Agreement Appendix A

Individual Wellness Agreement

This form is required for enrollment in the Reclamation Wellness/Fitness Program.

To be completed by **EMPLOYEE**

Employee's Name: _____ Org/Office/Unit: _____

My Work schedule is:

Full-Time (80 hours per pay period) Part-Time: _____ (Regularly scheduled hours per pay period) Seasonal: _____ (Number of guaranteed pay periods)

Wellness Program/Fitness Activity(s). List the anticipated fitness activities or programs you will be participating in on a regular and recurring basis:

The anticipated cost for above wellness/fitness activity or program fees will be \$ _____ per _____.

Program/Activity schedule. Describe anticipated attendance and participation frequency: _____

Program Election: Read and acknowledge each of the following program requirements:

- I am electing to participate in the Reclamation's Employee Wellness Program reimbursement of allowable expenses not-to-exceed an annual reimbursement of \$ _____ with an _____ % employee cost share. I understand that if I am on a part-time or part-year work schedule, reimbursement will be prorated based on the amount of time I work.
- I understand that wellness reimbursement is at supervisory discretion and based on my office's funding/budget.
- I agree to regular and recurring participation in the fitness program activities or wellness program(s) noted above.
- I agree to submit timely required documentation for eligible fitness activities as outlined in the Wellness Policy (HRM 04-12) for reimbursement.
- I have read and understand the provisions and requirements of the Reclamation Wellness Policy (HRM 04-12) and local Wellness Program provisions and requirements.
- I agree to abide by all conditions and requirements of the Reclamation Wellness Program D&S (HRM 04-12) and local Wellness Program.
- I am personally responsible for payment of all costs associated with my enrollment in approved fitness programs, activities, or services and that I may be reimbursed only for authorized expenses to maximum allowable limits.
- If I fail to comply with these requirements, this agreement may be limited or terminated by my supervisor.
- I have provided a Wellness Screening Questionnaire (self-certification) and/or Medical Authorization to my supervisor.
- This Agreement is valid for one year (1) and must be renewed to continue to participate.
- Any changes to this agreement must be approved by my supervisor in advance.

I have read and understand the above wellness program requirements and provisions and voluntarily elect to participate.

Employee (Type or print name)

Signature

Date

To be completed by Supervisor

REQUEST IS: Approved Denied (Please explain if limited, modified, or disapproved): _____

Supervisor (Type or print name)

Signature

Date