



Employee Wellness Stipend

In an effort to reward and incentivize employees to maintain good health, the School District of Greenfield is offering an annual reimbursement of up to \$100 for costs associated with programs related to employee health and wellness. Examples of reimbursable costs would be health club memberships, registration for marathons, and enrollment in health-related classes.

Only employees eligible for the District's group health insurance plan may participate. The stipend is paid out ***once/school year*** on either the last paycheck in December (*receipt(s) due by December 13th*) or the last paycheck in June (*receipt(s) due by June 13th*). Submit the stipend form and receipt(s) to Debbie Ehemann.

Employee Name: _____

Building: _____

Nature of the Cost: _____

Reimbursable Amount: \$_____

I certify that the above information is correct. The reimbursements submitted are an accurate and true copy of the expenses associated with the Employee Wellness Stipend.

Employee Signature

Date

Admin Use Only

Receipt Attached: _____

Approved: _____

Payroll Date: _____