



## Wellness Stipend Pre-Authorization Form

**Instructions:** This form should only be used to determine eligibility for expenses not listed in the Wellness Stipend Policy. Employees may submit this form to Human Resources to seek authorization prior to purchase. This form should not be used for standard Qualified Expenses such as Fitness Trackers, Gym Memberships, Weight Loss Programs, etc.

### EMPLOYEE INFORMATION

Full Name (Last, First MI)		Job Title	
Department		Division	
Address		City	State Zip
Phone #	Email	Bargaining Unit <input type="checkbox"/> GMEU <input type="checkbox"/> Unrepresented	

### EXPENSE INFORMATION

Description	Cost	Approved	Denied
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I understand that the City Manager reserves the discretionary right to determine eligibility for wellness expenses.

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

\_\_\_\_\_  
Date

### CITY MANAGER/HR OFFICER ACTION

#### Request

- ☐ Approved  
☐ Partial Approval  
☐ Denied

\_\_\_\_\_  
City Manager/HR Officer Signature

\_\_\_\_\_  
Date