

I certify that I, _____ :

- checked Federal and military fitness facilities within the local area for availability and cost.
- checked several local commercial fitness facilities for best price, equipment, and benefits for the cost.
 - o My monthly cost will be: \$_____
 - o Name of the facility: _____
- will not use official Government time, vehicles, or equipment to participate in a subsidized fitness program.
- will provide documentation of use at the fitness facility a minimum of 150 minutes per week on the correct form and, if the facility provides a report of usage, I will also include that documentation.

And

- will indicate the dates I am on official travel, when feasible, on my monthly usage report to avoid cancellation.

And

- will provide my supervisor with prior knowledge for approval if the fitness facility subscribes to self-certification.
- will only claim subsidy reimbursement for actual usage within the guidelines established.
- understand that this Subsidy Program may be cancelled by the program if funding is no longer available, or if I abuse the privilege.

Requester's Name Printed/Typed:	Requester's Signature:	Date:
Supervisor's Name Printed/Typed:	Supervisor's Signature:	Date:
Approving Official's Name Printed/Typed:	Approving Official's Signature:	Date: