



Willoughby-Eastlake School District

Staff Nutrition Reimbursement

The Wellness Committee is excited to offer a Nutrition Reimbursement for the 2023-2024 school year. The Nutrition Reimbursement will be available to staff members participating in a nutrition program during the 2023-2024 school year. Staff members can receive up to a \$100* reimbursement for their participation in a nutrition program. Some examples of nutrition programs include: Weight Watchers, Noom, a nutrition program offered through a local hospital, other in-person or online nutrition programs. If you have a question about a particular program's eligibility, please contact the Wellness Committee.

Who: To be eligible for a reimbursement, you must be a current Willoughby-Eastlake staff member and participate in an eligible nutrition program(s).

When: Reimbursements are available for participating in a nutrition program from August 1, 2023 through April 30, 2024 (there will be no retroactive reimbursements).

How: Turn in the form below, along with the supporting documentation, by May 10, 2024. You will have to supply the district form (this form) and proof of payment for the nutrition program you attended. Proof of payment must include date of purchase.

*Reimbursement amount of up to \$100 could be reduced depending on staff participation level and cost of membership.

Willoughby-Eastlake Schools

Nutrition Reimbursement Form

Please submit the following information, along with supporting documentation (payment information with purchase date), by **May 10, 2024**.

Employee Information

(Last Name) (First Name) (Middle Initial) (Employee ID Number)

(Work Email Address) () (Home Telephone Number)

Nutrition Program for Reimbursement

Nutrition Program	Month(s) Used	Fee Paid

Information Needed for Reimbursement

- This completed Reimbursement Form
- Documentation from the program of monthly or annual membership fee
- Send this form, along with proof of payment, to: **Rachel Aho, Royalview Elementary, by May 10, 2024**. Please send all documentation through courier. Please **do not email documentation**.

I certify that the information above and submitted is correct to the best of my knowledge. I am claiming reimbursement for only the eligible expenses incurred during the applicable benefit year and for eligible members.

(Signature)

(Date)