



Wellness EAP Request Form

MC WELLNESS/OUTSIDE GYM & OTHER FITNESS MEMBERSHIPS/WEIGHT WATCHERS

Please complete all information below and submit to HR for processing. If you have questions, contact HR at 240-567-9145

Last Name: _____ First Name: _____ MC#: _____
Date of Hire: _____
Email: _____
Status: _____ Full-time _____ Part-time _____
Job Title: _____
Employment Type: _____ Bargaining _____ Non-Bargaining _____

Please include the following documents for processing:

1. EAP Request Form
2. Receipt of Payment
3. Proof of attendance
(Outside gym: Minimum 10 days and Weight Watchers: Minimum 9 sessions)

**REQUESTS THAT ARE MISSING REQUIRED DOCUMENTATION
WILL BE RETURNED TO THE EMPLOYEE**

Name of Gym: _____ Location: _____

Begin & End Date of Month(S) Requested: _____

Amount Requested: _____

Employee Signature

FOR HRSTM USE ONLY

AMOUNT APPROVED:

RECORD:

ACCOUNT: