fir to HR 13 m15/2012	P2				P O L	ICY	
	PARKLAND		Department Hu	man Resources	Policy No. HR 025	Page 1 of 3	
Where Opportunity Awaits			Policy Title EMPLOYEE HEALTH AND WELLNESS ALLOWANCE				
Council Resolution	Date: February 13, 2007	Ance	°€ €	Cross Reference	Effective January 1, 2007		
DUDDOSE		rac	/				

PURPOSE

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To establish guidelines for the administration of a Health and Wellness Allowance for eligible Parkland County employees.

Where a collective agreement varies from the provisions of this policy, the collective agreement reference prevails.

POLICY

Parkland County understands the relationship between a healthy lifestyle and workplace productivity. An annual allowance is provided as a means to encourage and support eligible employees to pursue health and wellness activities.

PROCEDURES

- 1. The allowance reimbursement year runs from January to December.
- 2. There will be no carry forward of any unused allowance from year to year.
- 3. Activities paid for prior to January 1st are not eligible for reimbursement in the current year.
- 4. This allowance is for eligible Parkland County employees only.
- 5. If an employee is unsure if an activity is eligible for reimbursement they should contact the Human Resources Coordinator for confirmation/clarification prior to proceeding.
- 6. The allowance is considered a taxable benefit as defined by Canada Revenue Agency.
- 7. Permanent (full-time and part-time) and seasonal employees are eligible for the maximum allowance of up to two hundred (\$200) dollars per calendar year.
- 8. The allowance is prorated in the year of hire based on completed months of service.
- 9. Casual and temporary staff are not eligible for this benefit.

ADMINISTRATION

- Employees will be required to complete an Employee Health and Wellness Allowance Reimbursement form and have it authorized by their immediate Supervisor and Department Manager, Assistant General Manager or General Manager (as applicable). Forms are available on the Intranet or through Human Resources.
- 2. Completed forms are to be sent, with the original receipt to the Human Resources Coordinator. Human Resources will forward for processing by payroll.
- 3. Approved allowances will be paid through payroll, and will be subject to tax.

	H AND WELLNESS ALLO		Policy No.	Page
		JWANCE	HR 025	2 of 3
Listed below are	some examples of activitie	es that would be eligible for reimburse	ement (not intend	led to
be an exclusive			(
a. Tri Leisu	re Centre membership fee	es (see note below)		
b. Other fit	ness club/gym membershi	ps		
c. Organiz	ed league sports			
d. Lessons	/Classes/Programs/Passe	s relevant to:		
*yoga	*martial arts	*racquetball	*rollerblading	
*aerobic	·	*arts & crafts (including supplies)	*badminton	
*pilates		*swimming	*skiing	
*skating	•	*sports & fitness equipment	*tennis	
*golf (ind	luding club membership)			
*massar	e from a licensed professi	onal (when not covered under benefit	provider)	
			provider)	
5. Listed below are	some examples that would	d not be eligible for reimbursement:		
	s (drop-in class)	5		
health practi	tioner instruction			
vitamin supr	lamonts			

- vitamin supplements
- personal development books
- relaxation/meditation CD's

Note: The corporate fee that Parkland County pays for employees who have TransAlta Tri Leisure Centre Corporate memberships (considered non-taxable by Canada Revenue Agency) will reduce the allowance that those employees may claim. The reduced allowance is deemed taxable by Canada Revenue Agency.

PLOYEE HEALTH AND WELLNESS ALLOWANCE HR 025 3 of 3 Image: Comportunity Awaits EMPLOYEE HEALTH AND WELLNESS ALLOWANCE REIMBURSEMENT FORM HR 025 Employee Name: Employee Mane: Employee # 1 am claiming reimbursement for (identify activity)			Si		P (
Provide Signature	y Title IPLOYEE HEALTH	AND WELLNESS ALL	OWANCE			Page 3 of 3
I am claiming reimbursement for (identify activity) Category: Membership League Sport Lessons Classes Program Equipment Passes I am attaching an original receipt(s) as noted above and am requesting reimbursement of \$	Where Opportunity	OUNTY		MBURSEMENT F		
Category: Membership League Sport Lessons Classes Program Equipment Passes I am attaching an original receipt(s) as noted above and am requesting reimbursement of \$	Employee Name:			Employee #_		
Category: Membership League Sport Lessons Classes Program Equipment Passes I am attaching an original receipt(s) as noted above and am requesting reimbursement of \$	I am claiming reim	bursement for (identify a	activity)			
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*Prorated in year of hire. Identify # of completed months of service	\$	_on my pay at the next	t convenient payro	ll process.		
Employee SignatureDate Requested Approved by:(Immediate Supervisor) (Next Level Supervisor) GL Code						
Approved by:(Immediate Supervisor) (Next Level Supervisor) GL Code	*Prorated in year o	f hire. Identify # of com	pleted months of s	ervice		
Approved by:(Immediate Supervisor) (Next Level Supervisor) GL Code						
(Next Level Supervisor) GL Code	Employee Signatur	·e	Date	Requested		c:
GL Code	Approved by:			(Immediate S	upervisor)	
	_			(Next Level S	Supervisor)	
*Forward with original receipt(s) to Human Resources Coordinator.	G	L Code	::			
*Forward with original receipt(s) to Human Resources Coordinator.			_			
	*Forward with orig	jinal receipt(s) to Hun	nan Resources Co	pordinator.		

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