
Fwd: Comm. Court May 28th

1 message

Karin Smith <ksmith@burnetcountytexas.org>

Tue, Apr 9, 2024 at 10:41 AM

To: Cindy Dalrymple <cdalrymple@burnetcountytexas.org>, Stephanie McCormick <smccormick@burnetcountytexas.org>

I sent this on to Eddie, if he is ok with it, please place this on the next agenda.

Karin

----- Forwarded message -----

From: **Shelly Denton** <sdenton@burnetcountytexas.org>

Date: Tue, Apr 9, 2024 at 9:37 AM

Subject: Comm. Court May 28th

To: James oakley <judgejamesoakley@gmail.com>, Karin Smith <ksmith@burnetcountytexas.org>

Cc: Shirley Bullard <sluther@burnetcountytexas.org>, Stephanie McCormick <smccormick@burnetcountytexas.org>, Connie Haines <chaines@burnetcountytexas.org>

Good morning

I wanted to see if we could get these items on the agenda for May 28th. I am attaching the Wellness Policy. Let me know if it needs to be changed. Also, Karen you have the revised gym membership reimbursement form.

Wellness Policy

Gym Membership Reimbursement

Presentation of Healthy County Check

Departmental Updates:

New County Challenges for Healthy County

Health and Wellness Fair

Thank you,

Shelly Denton**Burnet County Human Resources Department****220 South Pierce St.****Burnet, Texas 78611****512-715-5203****Wellness Policy.rtf**

1229K



COUNTY OF BURNET GYM MEMBERSHIP REIMBURSEMENT FORM

RULES FOR PARTICIPATION

- GYMS:** Your gym must have electronic tracking capabilities for monitoring the dates and frequency of your workouts. The gym must be a fitness facility with a physical location and licensed to operate in the state of Texas.
- WORKOUT FREQUENCY:** You must work out at least nine (9) days per calendar month (effective 06/01/2024).
- DOCUMENTATION:** You or your gym must be able to produce a printed document from your gym's electronic tracking system reflecting each day you visited their workout facility. *Handwritten documentation may be accepted in limited circumstances subject to approval by the County Auditor.*
- FILING FOR THE REWARD:** After a month in which you have met the "Workout Frequency" requirement, you must submit a completed "Reward Claim Form" (below) along with the printed document from your gym.
- REIMBURSEMENT:** This program will make a payment to the employee in an amount up to **\$40** for each month that proper "Documentation" has been provided showing that the "Workout Frequency" requirement has been met. This reward is only payable to active current employees and could be reported as taxable income. All reimbursement request must be submitted no later than 30 days after fiscal year end.
- PAYMENT:** All reimbursements will be processed through payroll or accounts payable.

EMPLOYEE INFORMATION

Employee Name: _____

DOB: _____ Phone #: _____

Address: _____

NOTE: Address changes must be given directly to the City's Human Resources for updates.

Email: _____

GYM INFORMATION

Name of Gym: _____

Location: _____ Phone #: _____

GYM ATTENDANCE INFORMATION

MONTH(S): Please check the applicable month(s) in which you are requesting reimbursement:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

YEAR: Please provide the year associated with the months indicated above: _____

SIGNATURE OF AUTHENTICATION

I hereby attest that I personally met all the requirements shown above. I understand that falsifying any of this information may lead to disciplinary action by the County.

Employee Signature: _____ Date: _____

SUBMIT THIS FORM & YOUR DOCUMENTATION TO Burnet County Auditor Accounts Payable:

A. MAIL: Attn: Burnet County Auditor, Attn: Accts Payable, 133 E. Jackson St., Burnet, TX 78611;

or EMAIL: hcummins@burnetcountytexas.org

Updated 10/2019



Burnet County Employee Wellness Policy

Burnet County strives to provide a healthy and safe environment for its employees. To achieve this, Burnet County has established a Health and Wellness Policy, and is committed to maintaining and improving it as necessary. Active employees that are enrolled in county insurance participating in a yearly check up will be entered into a prize drawing at the end of each calendar year. The purpose of the policy is to encourage employees to have a preventative check up each year to improve their health.

A handwritten signature in black ink, appearing to be "A. S. S.", is located in the lower right portion of the page.