



**TOWN OF LAKE PLACID  
EMPLOYEE FITNESS AFFIDAVIT  
(GYM MEMBERSHIP)**

Month (Dates) \_\_\_\_\_ to \_\_\_\_\_ .

I hereby affirm that during the above month I (an employee of the Town of Lake Placid) have attended a fitness program qualified by Town of Lake Placid Personnel Policy Section 32, at the following location:

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I also affirm that my participation has been pursuant to the Town of Lake Placid Personnel Policy Section 32.7: ***Employees who choose to enter this program must exercise at the facility at least six hours bi-weekly (12 hours per month).***

Amount spent on gym membership was (amount not to exceed \$35.00).

\$ \_\_\_\_\_

**ATTACH RECEIPT(S) AND COPY(IES) OF GYM LOG**

Employee \_\_\_\_\_ Date: \_\_\_\_\_

Approved Department Head: \_\_\_\_\_

Approved Town Administrator: \_\_\_\_\_