PROPOSAL KIT SAMPLE

SAMPLE CONTRACT PACK DOCUMENT

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Also see this article for proposal and contract writing best practices:



https://www.proposalkit.com/htm/businessproposal-writing-tips.htm

Click here to purchase Contract Pack

<<Company>>

Wellness Reimbursement Request Date: <<CurrentDate>>

| Employee: | < <contractfirstname>> <<contractlastname>></contractlastname></contractfirstname> | | |
|-------------|---|--|--|
| Department: | < <department></department> | | |
| | > | | |
| Supervisor: | < <supervisor>></supervisor> | | |

| Employee Job Information | | | | | |
|-------------------------------|--|-------------|---------------|---------------------|--|
| Position: | < <contractjobtitle> ></contractjobtitle> | | Status: | << Full-time Y/N >> | |
| Date of Hire: | | | | | |
| Work Type: Hourly Salary 🗆 | / | Shift Type: | : Day 🗆 Night | Swing Dother D | |

Instructions:

Supervisor must complete the following form and file it with the Human Resources Department.

Employee must provide receipt(s) for all reimbursed wellness activities.

Description of Wellness Program or Activities

Describe the wellness program or activities you are seeking reimbursement for.

Qualifications

Does employee have receipt(s) of payment for the activities being submitted for reimbursement? Yes I No I

Are the activities submitted for reimbursement "Qualified Wellness Program" activities? Yes 🛛 No 🗠

Qualified Wellness Program Activities

Purpose of <<Company>> Wellness Reimbursement Plan:

The purpose of this plan is to provide our full-time employees with financial incentives and assistance to encourage participation in health and wellness activities and programs, such as health club memberships, aerobic / exercise classes, health education classes, and smoking and tobacco cessation or weight management programs.

Who can participate in Wellness Reimbursement:

Full-time, regular employees are eligible to participate in the wellness reimbursement program. The maximum benefit an employee can receive is limited to << Insert \$ Amount >>/month for all qualified activities. For an activity to be considered "qualified," the employee must participate in the activity for three consecutive months to be eligible for reimbursement. The company will also reimburse any

DEMO CONTRACT

<<Address1>> <<Address2>> <<City>>, <<State>> <<PostalCode>> Phone <<WorkPhone>> This demo contract has been truncated. The complete 3 page editable version of this document is available in the Contract Pack template collections

https://www.proposalkit.com/htm/legal-contract-templates/humanresources-templates/employee-wellness-reimbursement-request-form.htm

Once you purchase, download and install a retail Contract Pack that includes this contract, the complete version of this contract will be inserted into your project. This contract document is included in the <u>Proposal Kit Professional</u> and one or more <u>Contract Pack</u> products.

This sample has been truncated to only show the first part. The complete editable version of this contract is included in Proposal Kit Professional and Contract Pack products found at:

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