



CLEVELAND-CLIFFS INC.
 Cleveland
 3060 Eggers Ave., Cleveland, OH 44105
 P 216.429.6000 clevelandcliffs.com

Cleveland Works Gym Reimbursement Program Request for Disbursement

Instructions: (Please Read Carefully) *All documentation must be provided*

- Expenses submitted for reimbursement must be documented.
- Attach **all** documentation securely to the form. Retain a copy for your records.
- You may only submit a form for reimbursable expenses once per year.
- You must submit within 60 calendar days after signing up for the gym membership in order to be eligible for a reimbursement. Reimbursement will be paid the month following the close of the quarter submitted.
- Complete all information and sign the certification statement in Section III and send all documents to clevelandhumanresources@clevelandcliffs.com or sam.spann@clevelandcliffs.com

I. Employee Information

Employee Last Name	First Name	M.I.	Clock Number
Mailing Address (Street) (City) (State) (Zip Code)			Email Address

II. Gym Reimbursement

Provider of Service	Service Dates	Total Charge	Amount to be Reimbursed
	From To		
TOTAL			

III. Certification

I certify that the expenses for which I am requesting reimbursement were incurred for services or products received by me and I have not been reimbursed for these expenses in any other way.
 I understand that reimbursement of these expenses should be requested and made only after I have collected all documentation for eligible expenses that are covered under the Gym reimbursement program. A doctor's order is not required under the program.
 I further certify that I am not eligible to file any additional reimbursement claims for this program since this is a one-time only benefit and only one claim may be filed for total 2023 expenses.
 I understand that reimbursement will be made in accordance with the provisions of the Gym reimbursement Program.
 I understand that any gym activity is strictly voluntary and not a job requirement. Time spent at a gym is not considered compensable work time. Cleveland Cliffs is not responsible for any injuries that may occur to employee who chooses to participate in gym activity.

Employee Signature _____

Date _____

Department _____

Telephone Number _____

HR/Payroll Approval _____

Date _____