



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

**Cleveland Cliffs  
 Gym Reimbursement 2022  
 Request for Disbursement  
 HOURLY**

**Instructions: (Please Read Carefully)**

- 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.
- 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.

**I. Employee Information**

<b>Employee Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Clock Number</b>
<b>Mailing Address (Street) (City) (State) (Zip Code)</b>			

**II. Gym Reimbursement**

Provider of Service	Service Dates From                      To	Total Charge	Amount to be Reimbursed
<b>TOTAL</b>			

**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 2021 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** \_\_\_\_\_