

United State Department Interior

BUREAU OF LAND MANAGEMENT

Oregon State Office

P.O. Box 2965

Portland, Oregon 97208



In Reply Refer to:

1400-792 (OR-953) P

Ref. IM No. OR-2002-072

September 22, 2004

EMS TRANSMISSION 09/23/2004

Instruction Memorandum No. OR-2004-114

Expires: 9/30/2005

To: DMs, DSDs, Staff and Branch Chiefs

From: State Director, Oregon/Washington

Subject: Fitness Membership Fee Reimbursement Program

Program Area: Human Resources Management, Quality of Worklife Programs

Purpose: The purpose of this Instruction Memorandum is to reissue Bureau of Land Management policy for a fitness membership fee reimbursement program.

Policy/Action: Bureau of Land Management (BLM) Oregon/Washington (OR/WA) endorses the Bureau's Fitness Membership Fee Reimbursement Program as issued in Washington Office (WO) IM No. 2002-185, subject above, dated June 13, 2002 (attachment 1). BLM OR/WA policy is to reimburse an employee up to 50% of an individual membership fee for a commercial, non-federally sponsored, fitness center not to exceed \$275 annually. A lesser amount may be considered should local budget constraints be a concern. This reimbursement policy applies even if exercise facilities and equipment are already being provided at the workplace. Cost-shared participation in commercial physical fitness facilities is limited to permanent full and part-time employees, and employees on a one year or more appointment. New employees should be notified of this program during their orientation to their new job. It is suggested that this memorandum be included as a handout in the new employee packets.

When an employee terminates participation in the fitness reimbursement program, the employee should request reimbursement through the final salary clearance process if the employee is leaving the agency. If the employee remains employed, reimbursement for the portion of the year he/she participated in the fitness program should be submitted after the end of the year for which the membership fees were paid. Employees who participate for a full year should follow the guidelines in the WO IM to receive reimbursement.

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Timeframe: This policy becomes effective the date of this Instruction Memorandum and serves to supersede all other Bureau and State level fitness membership fee reimbursement programs currently in effect.

Budget Impact: The cost of this program is to be absorbed by each district within the set dollar limit for each employee participating.

Background: Fitness programs are widely recognized as creating positive impacts on employee health as it affects job performance and productivity. Therefore, it is in the best interest of the BLM to assist employees in achieving and

maintaining good health by providing this program.

Manual/Handbook Sections Affected: None.

Coordination: State Offices were given an opportunity to review and comment on a draft of the attached policy, and feedback was provided.

Contact: Larry Spaulding, Personnel Management Specialist at (503) 808-6237.

Districts with Unions are reminded to notify their unions of this Instruction Memorandum and satisfy any bargaining obligations before implementation. Your servicing Human Resources Office or Labor Relations Specialist can provide you assistance in this matter.

Signed by
James G. Kenna
Associate State Director

Authenticated by
Mary O'Leary
Management Assistant

1 Attachment

1 - [WO IM No. 2002-185 Change 1](#) (5pp)

Distribution

WO-700 (Room 5628-MIB)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C. 20240

April 18, 2003

In Reply Refer To:
1400-792 (WO-710) P
Ref. IM No. 2002-185

EMS TRANSMISSION 04/21/2003
Instruction Memorandum No. 2002-185, Change 1
Expires: 9/30/2003

To: ADs, SDs, CDs
Attn: Deputy State Directors, Support Services and Servicing Personnel Officers

From: Assistant Director, Human Resources Management

Subject: Fitness Membership Fee Reimbursement Program

Purpose: The purpose of this Change 1 is to: (1) provide a revised and corrected Report of Taxable Fringe Benefit form that Bureau of Land Management (BLM) employees must complete for reimbursement of their fitness facility fees, and (2) reiterate the requirement that fitness fees reimbursement requests must be submitted to the BLM National Business Center for processing. All other fitness reimbursement program policies and procedures detailed in the original Instruction Memorandum (IM) are still in effect.

Policy/Action: Employees who wish to seek reimbursement for fitness facility fees pursuant to Washington Office (WO) Instruction Memorandum (IM) 2002-185 must complete the three forms provided in Attachments 1 through 3 and submit them to the National Business Center, Accounts Payable Branch, BC-622 for processing. *Effective immediately, the Department of the Interior payroll office will only accept fitness facility reimbursement requests that are approved by the BLM NBC Accounts Payable Branch.* Attachment 1 is a revised Report of Taxable Fringe Benefit form, which corrects and replaces the form found in the original IM. Attachment 2, the Fitness Membership Fee Reimbursement Program Informed Consent and Waiver Form, and Attachment 3, the Fitness Membership Fee Reimbursement Program Self-Certification of Usage form are unchanged from the forms provided in the original IM and are included in this Change 1 for your convenience.

Attachment 1-1

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Timeframe: Effective immediately.

Budget Impact: This revision will help ensure that fitness facility reimbursement requests are processed accurately and are charged to the appropriate accounts.

Background: The Report of Taxable Fringe Benefit form provided in the original IM was missing a critical pay code that the DOI payroll office needs to accurately process BLM=s fitness reimbursement requests. As a result, the payroll

office was not processing these forms correctly and was sometimes returning them to the NBC, to Personnel, or back to the Field Office.

Additionally, some BLM offices were submitting the forms directly to the DOI payroll office instead of to the NBC Accounts Payable Branch. The Accounts Payable Branch is responsible for reviewing all BLM fitness facility reimbursement requests to ensure they are consistent with BLM policy and they accurate and complete.

Manual/Handbook Section Affected: None.

Coordination: This Change 1 has been coordinated with the BLM NBC Accounting Operations Division and the Accounts Payable Branch.

Contact: Debbie Esposito, WO-710, telephone number (202) 208-4695 or Candace Thatcher, BC-622, telephone number 303-236-6369.

Signed by:
Connie B. Stewart
Acting Assistant Director
Human Resources Management

Authenticated by:
Barbara J. Brown
Policy & Records Group, WO-560

3 Attachments

- 1- Report of Taxable Fringe Benefit (Fitness/Wellness Subsidy) (1 p)
- 2- Informed Consent and Waiver Form (1 p)
- 3- Self-Certification of Usage Form (1 p)

Attachment 1-2

Memorandum

To: BLM National Business Center
Accounts Payable Branch, BC-622

From: _____

Subject: Report of Taxable Fringe Benefit (Fitness/Wellness Subsidy)

Employee
Name: _____

Employee
SSN: _____

Employee Name (PRINT): _____

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Attachment 1-4

**Bureau of Land Management
Fitness Membership Fee Reimbursement Program
Self-Certification of Usage**

I certify that I have engaged in fitness activities at the center in which I am seeking membership fee reimbursement on an average of two times per week for at least 2 hour per visit for the period for which I am seeking reimbursement.

I understand that my failure to engage in fitness activities at my center at least two times per week for at least 2 hour per visit for the reimbursement period disqualifies me from receiving reimbursement for my membership fees.

I also understand that falsely certifying usage will lead to my immediate removal from participation in the BLM's Fitness Membership Fee Reimbursement Program, without reimbursement for any expenses already incurred, and could result in appropriate disciplinary action.

Print Name: _____

Fitness Center: _____

Signature: _____ Date: _____

Supervisor's
Signature: _____ Date: _____

Attachment 1-5