

RESOLUTION NO 2012-09

A Resolution Approving the Physical Fitness Program Policy and the Clothing Allowance Policy of the Muncie Sanitary District

WHEREAS the Board of Sanitary Commissioners (the "Board") of the Muncie Sanitary District (the "District") is empowered by IC 36-9-25-10(16) to adopt rules and policies for the operation of the District; and,

WHEREAS, the Board wishes to approve a Policy on Clothing Allowance for Certain Muncie Sanitary District Employees and a Policy for a Physical Fitness Program both of which policies have been presented to the Board by the District's Administrator and are attached to this Resolution as Exhibit A and incorporated into this Resolution as though set forth at length herein; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE MUNCIE SANITARY DISTRICT THAT:

Section 1. That the Policies for Clothing Allowance and for a Physical Fitness Program which are marked as Exhibit A and attached to this Resolution as though set forth at length herein are approved as Policies of the District.


Section 2. Conflict With current Policies. Any current Policies or parts of current Policies that are in conflict herewith are hereby rescinded to the extent of that conflict.

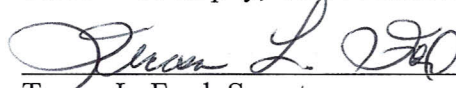
Section 7. Effective Date. This resolution and the Policies created herein shall be in full force and effect from and after this resolution's passage and until amended or rescinded by further action of the Board.

Adopted this 29 th day of May, 2012.

BOARD OF SANITARY COMMISSIONERS
OF THE MUNCIE SANITARY DISTRICT


Tom Bennington, President


Steven D. Murphy, Vice President


Teresa L. Ford, Secretary

**EXHIBIT A TO
RESOLUTION No. 2012-09**

Physical Fitness Program

The Muncie Sanitary District (MSD) is committed to providing interested employees with opportunities to achieve and maintain physical fitness to the fullest extent possible. The MSD Physical Fitness Program is intended to assist in minimizing the risks of premature morbidity, mortality, and disability, foster healthy lifestyles and support a healthy work environment. The MSD Physical Fitness Program is designed to provide interested employees access to fitness training while not dictating the form and source of that training.

The Muncie Sanitary District (District) will reimburse an employee for a portion of the employee's membership fee to a fitness center of their choice. The membership fee will only be paid one (1) time per employee. The specific portion of the monthly membership fee and joiner fee eligible for reimbursement is established by the Board.

After the initial six (6) month period the employee will be reimbursed by the District as follows:

The District will reimburse a maximum of \$35/month either annually or semi-annually and the one-time joiner fee up to \$60. The maximum reimbursement per employee is \$420 annually.

It is the employee's responsibility to obtain verification of visits to their fitness center that shows the employee attended a minimum of forty-eight (48) times during the six (6) month period. This verification must be given to the District's Health and Wellness designee with a copy of the receipt of payment. Verification must be provided by the fitness center (hand written logs will not be accepted as verification).

It is the employees responsibility to obtain payroll reports if membership fees are payroll deductions.

Clothing Allowance for Certain Muncie Sanitary District Employees
\$300 per approved position per year

Cold Weather Gear

Cold weather gear may be purchased by those employees whose work duties require them to be outside in cold weather for extended periods of time. Cold weather gear consists of jackets, pants, one-piece jump suits, thermal socks, hats/knit caps and thermal underwear. No special graphics will be allowed (such as sports team logos, etc.). The Department Head will provide a list of possible positions that would need cold weather gear to the Administrator by January 1 of each year for approval prior to purchase.

Boots

Boots will be either steel toed or reinforced toe. The Department Head will provide a list of positions requiring boots, to the Administrator by January 1 of each year for approval prior to purchase.

Clothing, Pants/Shirts

All clothing allowance purchases must conform to the uniform requirements of the employee's position. Approved clothing consists of t-shirts, dickie shirts, polo shirts (no graphics will be allowed other than the MSD logo), blue jeans, shorts (must be hemmed by manufacturer), dickie pants. All tops must have the department and/or MSD logo which will be included in total \$300. The Department Head will provide a list of positions that would need clothing, to the Administrator, by January 1 of each year for approval prior to purchase.

All clothing, boots, cold weather gear must be approved by the Department Head prior to purchase.

Clothing purchased by the District must be worn at all times while at work.

Clothing Reimbursement Program for Employees Ineligible for Clothing Allowance

MSD Clothing Reimbursement

A MSD Clothing Reimbursement of 50% of purchases up to \$150.00 (total amount of personnel and MSD portions) per year will be provided for all full time employees of the Muncie Sanitary District for clothing with the MSD logo. No pants are to be purchased under this portion of the Clothing Policy. The amount of the allowances will be reimbursed with receipts to the employer. No employee who receives a clothing allowance will be eligible for the reimbursement program.

Note: All clothing purchased must conform to the MSD Handbook Chapter 6, Section 6.3 Personal Appearance.



HEALTH/FITNESS CENTER REIMBURSEMENT FORM

(To be returned to the Health Insurance Department)



SECTION 1 – EMPLOYEE INFORMATION (AS IT APPEARS ON YOUR MSD RECORDS) – PLEASE PRINT

Last Name	First Name	Middle Initial
Address	City	State
Telephone Number (cell/home)	Department	Employee ID Number

SECTION 2 – HEALTH/FITNESS CENTER INFORMATION

Joiner Fee Date	Health / Fitness Center	Amount Requested
Beginning/End Dates Interval	Health/Fitness Center	Amount Requested

SECTION 3 – INFORMATION FOR REIMBURSEMENT – PLEASE SUBMIT EACH ITEM AND CHECK OFF THE BOXES BELOW:

<input type="checkbox"/>	This completed form
<input type="checkbox"/>	A copy of any/all applicable health center contracts or agreements. These must show the beginning and ending dates of membership activity and the names of the enrolled member (for joiner fee).
<input type="checkbox"/>	Original receipts (original receipts will not be returned) or copies of bank/credit statements showing the charge of membership or classes if monthly membership fees and the names of the enrolled member. These should reflect the time period for which you are asking reimbursement (for 6 month or annual interval).
<input type="checkbox"/>	Copies of payroll report if membership fees are payroll deducted.
<input type="checkbox"/>	Verification of attendance from health/fitness club or facility of a minimum of 48 times in a 6 month period.
NOTE: A brochure from the health/fitness club or facility may be requested in some instances.	

CERTIFICATION AND AUTHORIZATION (THIS FORM MUST BE SIGNED AND DATED BELOW BY EMPLOYEE)

- Reimbursement subject to approval by the Muncie Sanitary Board of Commissioners. All payments will be made with the employee's authorization. Please allow 30 days from receipt for reimbursement.
- To the best of my knowledge and belief, my statements in the Health/Fitness Center Reimbursement Form are complete, correct and true. I am claiming reimbursement only for eligible expenses incurred during the applicable time period and for myself only. I certify that these expenses have not been previously reimbursed.

Employee's Signature

Date

Keep copies of all documents before sending in your Health/Fitness Center Form