

FEDERAL OCCUPATIONAL HEALTH
MEMBERSHIP CANCELLATION FORM

Ronald Reagan Fitness Center Membership Cancellation

Member # _____

Name:

_____ (Last) (First) (MI)

Work Phone: _____ E-mail: _____

I _____ (please print name clearly) would like to (circle one) Cancel Membership or Postpone Membership as of (date) _____ due to the following reason:

Please check one:

- Retirement from agency
- Reassignment to another location
- Extended leave from agency
- Injury or extended illness
- Resignation from agency
- Other (Please explain):

EPA MEMBERS ONLY:

I understand that by submitting this cancellation request it is only canceling my fitness center membership access and I must stop the payment allotment myself by accessing the Employee Express web-page: <https://www.employeeexpress.gov> _____ [Applicant's Initials]. I further understand that if I do not cancel the allotment myself and funds continue to be deducted I am not entitled to a refund _____ [Applicant's Initials].

Any questions or concerns regarding your membership cancellation should be directed to Potomac Yard Fitness Center site Wellness/Fitness Coordinator, Allie Cleaves via phone 202-565-1930 or email: Alexandra.Cleaves2@foh.hhs.gov.

Applicant Signature

Date: _____

Fitness Center Staff Use Only		
<input type="checkbox"/> Entered into cancellation log	<input type="checkbox"/> Updated HealthCalc	<input type="checkbox"/> Updated Door Access

Cancellation completed by
Staff Initials _____

