



FEDERAL OCCUPATIONAL HEALTH

Improving the health, safety, and productivity of our Federal employees.



Member # _____

MEMBERSHIP CANCELLATION

Fitness Center: (please circle)

Ronald Reagan

Potomac Yard

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

Extended leave from agency

Injury or extended illness

Reassignment to another location

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/DefaultLogin.aspx> _____ [Applicants '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 _____ [Applicants Initials].

Any questions or concerns regarding your membership cancellation should be directed to RRB Fitness Center site Wellness/Fitness Coordinator, Patrese Nesbitt. Phone 202-56501930 or by email: Patrese.Nesbitt@foh.hhs.gov

Applicants Signature

Date: _____

Staff Initials

Date Received