

VSU At-Work Weight Watchers Program

Request for Financial Sponsorship

This sponsorship is for an employee needing assistance with partial payment of a Weight Watchers At-Work series.

First Name: _____ Last Name: _____

Job Title: _____ Department: _____

Email: _____ Phone: _____

Please check the requested amount: ___ ¼ Membership price ___ 1/2 Membership price

By accepting this assistance you are agreeing to participate fully in the Weight Watchers program, and that you understand you are required to attend at least 75% of the meetings. If you miss more than the allotted meetings, reimbursement of \$10 per meeting missed to the VSU Foundation account will be required.

Definition of Attendance: If unable to stay for the whole meeting, attending long enough to weigh in qualifies as attending. Substituting a Weight Watchers meeting at another location also qualifies as attending.

I _____ understanding the requirements listed above and agree to adhere to these requirements.

Signature of Participant

Signature of Weight Watchers Leader

Send signed form to Becky Murphy, Employee Development through Intercampus mail.