

City of Augusta

2022 Wellness Cancellation Form

Name: _____ Employee Id#: _____

Phone: _____ Email: _____

I submit this documentation as a request to cancel the following membership(s):

- | | |
|---|---|
| <input type="checkbox"/> The Family Y | <input type="checkbox"/> Evans Fitness Club |
| <input type="checkbox"/> Newman Tennis Center | <input type="checkbox"/> The Kroc Center |
| <input type="checkbox"/> Augusta Aquatic Center | <input type="checkbox"/> The Georgia Municipal Golf |
| <input type="checkbox"/> Anytime Fitness | |

Reason for Cancellation:

*******Each Facility requires a 30-day notice of cancellation*******

I acknowledge and understand that my payroll deductions and membership will effectively end on the 1st of the month following this 30-day notice. HR will send me a cancellation confirmation within 14 days of receipt of this form. It is my responsibility to contact HR if I do not receive this confirmation. It is also my responsibility to review my pay stub to confirm that this deduction has ceased.

Employee Signature

Date

OFFICIAL USE ONLY:

Authorized By: _____ Date: _____

*****Effective Date of Cancellation: _____

CANCELLATION PROCESS:

Cancelled in Central Square: Initials: _____ Date cancellation entered: _____