

**WCSD Wellness Program**

**Race Reimbursement Request Form**



Current District health insurance?

No

Yes

Administrative

Classified

Certified

Employee ID:

Retiree

Spouse

Employee

Last Name:

First Name:

Date of Race:

Finishing Time:

Bib Number:

Race Fee: $

Race Name

**Please complete this form and submit with your proof of registration, proof of payment, and proof of race time. All three items need to be attached with this form for consideration. You may submit your documents by email to** [**wellness@washoeschools.net**](mailto:wellness@washoeschools.net) **or by fax to Wellness at (775) 348-0280.**

Incomplete forms and/or inadequate documentation are not eligible for reimbursement. All WCSD employees, retirees and spouses with District health insurance are eligible for race reimbursement. All employee reimbursements will be paid through your regular payroll checks. You must submit race documentation no later than June 1, 2024 for year 2023 races. Races completed before year 2023 are no longer eligible for reimbursement. Please note that you may be reimbursed for up to two races per calendar year.

Questions? Please contact WCSD Wellness: [wellness@washoeschools.net](mailto:wellness@washoeschools.net)

775-348-3858