



WCSD Wellness Race Reimbursement Request

First Name:	_____	Last Name:	_____
<input type="radio"/> Employee	<input type="radio"/> Spouse	<input type="radio"/> Retiree	Employee ID: _____
<input type="radio"/> Certified	<input type="radio"/> Classified	<input type="radio"/> Administrative	
<input type="radio"/> Yes	<input type="radio"/> No	Current District health insurance?	

Race Name	_____		
Race Fee: \$	_____	Bib Number:	_____
Finishing Time:	_____	Date of Race:	_____

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 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, 2022 for year 2021 races. Races completed before January 1, 2021 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
775-348-3858

