



# CHARLOTTESVILLE CITY SCHOOLS

## DEPARTMENT OF HUMAN RESOURCES

### PHYSICAL FITNESS MEMBERSHIP CANCELLATION FORM

**TO:** Donna Seay

I hereby authorize you to cancel:

\_\_\_\_\_ **My** Physical Fitness Membership at: \_\_\_\_\_  
(name of gym)

\_\_\_\_\_ **Spouse's** Physical Fitness Membership at: \_\_\_\_\_  
(name of gym)  
\_\_\_\_\_  
(spouse's name)

\_\_\_\_\_ **Dependent's** Physical Fitness Membership at: \_\_\_\_\_  
(name of gym)  
\_\_\_\_\_  
(dependent's name)

Requested Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last four digits of Social Security Number

#### Human Resources Only:

**Start Date:** \_\_\_\_\_ **Effective Cancellation Date:** \_\_\_\_\_

**Fitness List:** \_\_\_\_\_ **Payroll:** \_\_\_\_\_