



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:** _____