



## ROSS VALLEY SANITARY DISTRICT

1111 Andersen Drive  
San Rafael, CA 94901  
(415) 259-2949

### Preventive Care Incentive Form

Date Submitted \_\_\_\_\_

Employee Name \_\_\_\_\_

Description of Event \_\_\_\_\_

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Date of Event \_\_\_\_\_

Event must take place during current fiscal year.

INCENTIVE AMOUNT REQUESTED

I attest that the above described event qualifies for payout in accordance with the Preventative Care Incentive program. I understand and acknowledge that the intent of the program is to provide a health benefit to employees and the community of Ross Valley Sanitary District.

Employee Signature \_\_\_\_\_

Admin Services Manager Approval \_\_\_\_\_

Please include proof of your visit with a medical professional with this form when submitting for approval.