

Stewart's Shops

YMCA Check Request Form

Employee's Name: _____ Shop# or Dept# _____

YMCA's Name and Address

If you have already paid 100% of the YMCA cost and the check should be made to you. Please check box above and submit a copy of your receipt showing payment in full for reimbursement. The reimbursement will appear in the deduction section of your paycheck. It will be a negative amount coded "expense/mileage."

Membership for: _____
(This benefit is for our partners, spouses and dependent children, please list names below)

Total Half
Cost Cost

YMCA class name _____

-or-

Daycare for: _____

Child's date of birth: _____

Period covered: _____

The Company will pay half of any *current ESOP plan participant's YMCA bills (including daycare, membership and classes, excluding overnight camps) as a combination fringe benefit, charitable contribution. A YMCA check request form should be completed for each of your YMCA charges.

SUPERVISOR _____ DATE _____

EMPLOYEE _____ DATE _____

To *verify eligibility or have questions on completing this form?

Call Meghan Keyes (518) 581-1201* 3215

1/2024