

Harker School Wellness Program - Weight Management Program Form

Employee Name: _____ Month / Year reported _____

***Annual Qualifying Period = December 1st through November 30th of the following calendar year.**

**Weight Management Program - 10 points for each month of participation
(100 Points Max in an *Annual Qualifying Period)**

- Earn 10 points per month by submitting proof of participation in a qualified professional weight program. Qualified programs would include such things as: Weight Watchers, Jenny Craig, Regular work with a registered dietician, medically supervised weight loss program through your Dr. or Clinic. You must submit proof of regular attendance within a qualified professional program to earn points in this category
- To earn points in this category, complete and submit this form to HR for each month you are reporting. You may document your participation one of two ways:
 1. Have a program representative sign and complete the section below verifying your participation
 2. Submit a printout showing weekly visits during the month for which you are submitting this form**
(Please black out current weight if included on printout).
- A separate form must be submitted for each month you are certifying that you have engaged in a qualified weight management program.

**if your visits are virtual right now, and you don't have a way to show proof of virtual visits, you may submit a copy of your payments.

| Weight Management Program | |
|--|-----------------------------|
| Name of Program _____ | Month Attended _____ |
| I Certify that that employee named on this form participated in a weight management program for the month stated above. | |
| Name & Signature of Program Representative | |
| _____ <i>(print name)</i> | _____ <i>(signature)</i> |

I, the employee named above, guarantee that the information contained in this verification is true and accurate and I understand that HR may verify any forms submitted for the purpose of obtaining a wellness reward. I understand that any inaccurate and/or false statements on this form may lead to the loss of all or a portion of my wellness reward.

Signature: _____ Date: _____

**Forms are due to HR within 30 days of the month reported. Forms for November are due to HR by December 5.
Forms may be submitted via, email: hr@harker.org , fax: 408-553-5774, or inter-office mail to HR at Union.**