

Harker School Wellness Program- Health Education Reporting Form

Employee Name: _____ Month/Year of Activity _____

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

Health Education Activities- 10 - 20 points for Each Activity (90 Points Max in an *Annual Qualifying Period)

An employee who participates in wellness education will earn points per class/workshop series or activity (points values vary by activity and a max of 90 points may be earned in this category in an ***Annual Qualifying Period**). Examples of qualified health education activities are - **, HR scheduled onsite/virtual classes, stress management class, nutrition class, Healthy Activities Handouts (posted under wellness in the Faculty/Staff portal), healthy cooking video, reading health management books (HR has wellness books you may check out).

****Onsite classes must be scheduled or approved by HR to earn points.**

To earn points in this category, provide one of the following:

1. For a Workshop/Class complete the information in **Section 1** below, including a signature from workshop/class instructor, for the event (for a virtual class attach copy of registration in lieu of signature)
2. For an Educational Activity & Tracker complete the information in **Section 2** below, using one form for each activity reported
3. For Health education books for videos complete **Section 3** below, using one form for each book/video

Section 1 Complete for Health Education Workshop / Class - 10 points each

Name of Workshop/Class _____ Date _____

Name & Signature of Instructor _____ (print name)

☐ Virtual Class (no signature)
Registration attached _____ (signature)

Section 2 Complete for Healthy Activity Handout & Tracker/Worksheet – 10-20 points each

Name of Healthy Activity Handout _____ Date Completed _____

Attach completed Tracker or Worksheet for Healthy Activity Handout and submit with this form to HR

Section 3 Complete for Health Education Book or Video– 10 points each

Name of Video/ Book _____ Date Completed _____

Description of book or video and what you learned _____

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: _____

**RETURN COMPLETED FORM WITHIN 30 DAYS OF THE MOST RECENT EVENT RECORDED ABOVE TO RECEIVE CREDIT.
ALL FORMS MUST BE RECEIVED BY DECEMBER 5th FOLLOWING THE COMPLETION OF THE QUALIFYING PERIOD
Forms may be submitted via, email: hr@harker.org, fax: 408-553-5774, or inter-office mail to HR at Union.**