

Harker School Wellness Program - Documented Activity / Event Form

Employee Name: _____ Month/Year Being Reported _____

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

Documented Activity – 1 Point for Each Gym Visit / Non-Gym Class /Therapeutic Massage - Completed in an *Annual Qualifying Period .

An employee who goes to the gym, participates in a group fitness class (outside of a gym) or receives a therapeutic massage will earn 1 point per verified visit.

To earn points for these activities, provide **one** of the following:

1. Complete the information below, including a signature from an attendant, class instructor or massage therapist, who can verify the activities being reported.
2. Attach a printout from the club / class showing, dates of visits, your name and the name of the facility/class.

Complete all information for activity/visits reported

Name of Gym/Class/Facility _____

Dates attended _____

Name & Signature of Attendant,
Massage Therapist or Instructor _____ (print name)
(must be signed if not attaching a printout verifying attendance)

(signature)

Documented Event – 5 Points for Each Event Completed in an *Annual Qualifying Period

An employee who participates in a qualified community event (in person or virtual) such as: 5k, 10k, bike event etc, will earn 5 points for each reported event completed during the same annual qualifying period. Please note that multi-day events will earn the following points: 1-3 days = 5 pts, events longer than 3 days will earn 1 additional point per day.

Events must be organized activities, run by an outside organization and require registration in order to participate in the event. To earn points for an event, complete the information below and submit with one of the following: copy of event registration, receipt for registration fee, copy of finishing results, picture of you wearing your bib in front of something representing the event (finish line, banner etc.).

Name & Type of Event _____ Date of Event _____

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: _____

ALL FORMS MUST BE RECEIVED BY DECEMBER 5th FOLLOWING THE COMPLETION OF THE QUALIFYING PERIOD
Submit forms via, email: hr@harker.org , fax: 408-553-5774, or inter-office mail to HR at Union.