

# Harker School Wellness Program - Healthy Recipes Form

Employee Name: \_\_\_\_\_ Month/Year of Activity \_\_\_\_\_

**\*Annual Qualifying Period = December 1<sup>st</sup> through November 30<sup>th</sup> of the following calendar year.**

Healthy Recipes- 5 points for Each Recipe Submitted  
(100 Points Max for Nutrition Category in an \*Annual Qualifying Period)

Earn 5 points when you submit proof of preparing a “Healthy” recipe. Recipes may be from the following sources:

**“Healthy Recipes List”** (Under the Wellness Tile in Faculty/Staff Portal)

**Navigate Wellness Portal – under resources** (choose total time of at least 31-45 minutes)

**From another source of your choosing** but must be considered “Healthy” -low in sugar, containing “healthy” fats etc. *(In order to receive credit & Prior to preparing- a copy of recipes in this category must be submitted to HR for approval)*

## Recipe Info

Name of Recipe \_\_\_\_\_ Date Prepared \_\_\_\_\_

Source:     HR list of recipes     Navigate Wellbeing Portal     Another source (I received approval of the recipe by HR)

I have submitted a photo of the dish I prepared\*\* (proceed to the lower section of this form, Critique of recipe)

I have not submitted a photo of the dish I prepared (answer questions below, then proceed to lower section; Critique of recipe)

How long did it take to complete your dish? \_\_\_\_\_ Was the recipe easy to follow?     Yes     No

Did the dish turn out as described / expected?     Yes     No If not what was different? \_\_\_\_\_

*\*\*If you are submitting a photo you may attach it to this form or email it to daniellek@harker.org*

## Critique of Recipe / Prepared Dish

Use the space below to tell us about your dish (did you like it, would you add/remove/change anything, etc..)

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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 COMPLETION OF THE RECIPE ABOVE TO RECEIVE CREDIT.**  
**ALL FORMS MUST BE RECEIVED BY DECEMBER 5<sup>th</sup> FOLLOWING THE COMPLETION OF THE QUALIFYING PERIOD**  
**Forms may be submitted via, email: [hr@harker.org](mailto:hr@harker.org) , fax: 408-553-5774, or inter-office mail to HR at Union.**