



County of Imperial Wellness Program

Designated Wellness Activity Form for Incentive Raffle

FOR THE MONTH OF _____

Employee Name _____ Department _____

Employee Number _____ Phone# _____

	<u>Date</u>	<u>*Duration Time</u>
<input type="checkbox"/> Wellness activity: _____	_____	_____minutes
<input type="checkbox"/> Power walks around the building	_____	_____minutes
<input type="checkbox"/> Scheduled healthy event such as educational meetings, health fair, etc.	_____	_____minutes
<input type="checkbox"/> Employer challenges: _____	_____	_____minutes
<input type="checkbox"/> Other Wellness Activity announced by Human Resources Department (specify): _____	_____	_____minutes

Employee Signature: _____ Date: _____

Please return this form to the Human Resources Department or Email: ericamorales@co.imperial.ca.us or yadiraayala@co.imperial.ca.us