County of Imperial Wellness Program

Designated Wellness Activity Form for Incentive Raffle

FOR THE MONTH OF ____________________________

Employee Name______________________________  Department___________________________

Employee Number ____________________________  Phone# ______________________________

Date  Duration Time

☐ Wellness activity: ____________________________  __________  ______minutes

☐ Power walks around the building  __________  ______minutes

☐ Scheduled healthy event such as educational meetings, health fair, etc.  __________  ______minutes

☐ Employer challenges: ____________________________  __________  ______minutes

☐ Other Wellness Activity announced by Human Resources Department  __________  ______minutes
  (specify): ______________________________

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