



2019 Wellness Program Activity Completion Form

Please complete and send this form to Human Recourses when a 'Submit Proof to ECC HR' is requested.

I _____ have completed _____
(Employee Name) (Wellness Activity)

on _____.
(Date Completed)

Please provide a description of the event or activity completed and/or provide feedback on the event.

Signature/Date

HR use only
_____ Points added to CHC
Notes: