2013-14 QUARTERLY WELLNESS PARTICIPATION EXERCISE TRACKING FORM
Submit this form to Human Resources at 305 Chestnut Street

Print Name:_____ Last 4 SS#: _____

Qualified Activity	Date	Duration
Total (must 24 hours a quarter)		

Other:_____

_____

Signature:_____Date:_____

HR Approval:_____Date:_____

NOTE: Employees not covered by city health insurance are not eligible for this benefit.