**USD 434 EMPLOYEE** 

**“ON-YOUR-OWN”**

**ACTIVITY SUBMISSION**

|  |  |  |
| --- | --- | --- |
|  **DATE** | **ACTIVITY**(WALKING, RUNNING, ETC) | **TIME OF WORKOUT**(ex 30 minutes) |
|  |  |  |
|  |  |  |
|  |  |  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

\* Activity must be for a minimum of 30 minutes.

\* 12 sessions in a 1 calendar month period = 1 wellness activity credit

Note: Working out more than 12 times during a month does not earn additional credits.

Employee Name (Printed):

Building:

Please return to Trisha Graham, Kristy Markham, Dusty Rolla or Sarah Dehn by the **15th of the following month** to receive credit for activity completed!!!!