PERSONAL WELLNESS PLAN

GOAL STATEMENT:
State, in measurable terms, the outcomes you plan to achieve by completion of this wellness plan.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

METHOD OF ACCOMPLISHING GOALS:
________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

DATE ACTIVITY OR PLAN COMPLETED:______________________________

IF APPLICABLE, APPROVED BY:____________________________________
Medical Professional or Certified Fitness Consultant

If college classes were taken to accomplish goals, a transcript will need to be submitted as documentation. When complete, submit this form and documentation to Human Resources for payment in the next months payroll.

This incentive shall be awarded once per contract year.