



2015-2016
Easter Seals

Activity Points Tracker Form

Employee Name: _____

(Please print)

Employee Number: _____

Please check all activities that apply and attach necessary documentation. Reminder forms must be completed and returned to Human Resources no later than April 30, 2016 to receive credit for the wellness activity. Refer to the Easter Seals Wellness Activity Points Chart for participation requirements.

PAGE 1

3 Points

Wellness Coaching through Healthy Lifestyles

Date of your first coaching session- _____

or

Voluntary Wellness Coaching *(Receipt required)*

Individual Coach or Company Name and Address -

Total Points this section _____

2 Points
each

Easter Seals Wellness Programs: *(check those that you participated in)*

___ Passport to Summer ___ Fall Body, Mind and Spirit Program

___ Hold for the Holidays ___ Biggest Winner

Complete an Easter Seals Event:

___ Event: _____ Date: _____

___ Event: _____ Date: _____

Attend a Wellness Retreat: *(receipt required)*

___ Retreat name: _____ Location: _____ Date: _____

___ Retreat name: _____ Location: _____ Date: _____

Fitness Center or Gym Log:

Number of weeks being submitted _____

(Please attach log sheet from your facility or letter from the facility manager)

Attend an Organized Physical Activity Event: *(receipt required)*

___ Event name: _____ Location: _____ Date: _____

___ Event name: _____ Location: _____ Date: _____

___ Event name: _____ Location: _____ Date: _____

___ Event name: _____ Location: _____ Date: _____

Total Points this section: _____

Please send completed trackers to Wellness,
555 Auburn Street, Manchester, NH 03103
Scan to enault@eastersealsnh.org or fax to 603.263.0111

For HR use only :

HR Data Entry _____ HR Audit _____



Employee Name: _____
(Please print)

Please check all activities that apply and attach necessary documentation. Reminder forms must be completed and returned to Human Resources no later than April 30, 2016 to receive credit for the Wellness activity.

PAGE 2

**1 Point
each**

Wellness Group focused on Healthy Living:

___ Wellness Group Name: _____ Activity type: _____

Dates of participation: _____

___ Wellness Group Name: _____ Activity type: _____

Dates of participation: _____

Organized Sports Team: (Receipts required)

___ Team Name: _____ Type of Sport: _____

Dates of Participation: _____

___ Team Name: _____ Type of Sport: _____

Dates of Participation: _____

Therapeutic Services: (4 Hours = 1 Wellness Point/Receipts required)

___ Type of service: _____ Dates of Service: _____

___ Type of service: _____ Dates of Service: _____

Wellness Classes: (4 classes = 1 wellness point)

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

___ Donate Blood:

Date: _____ Date: _____

___ Flu shot:

Where you went to get your flu shot: _____

Date: _____

___ Volunteer: (2 Easter Seals Events-Min of 2 hours each)

Event: _____ Date: _____

Event: _____ Date: _____

___ Volunteer: (Minimum of 10 hours of Volunteer Service)

Location: _____

Dates of service and hours: _____

Total Points this section: _____

Total from Page 1 = _____ Total from page 2 = _____ Total Points earned on this tracker form = _____