



**2016-2017
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, 2017 to receive credit for the wellness activity. Refer to the Easterseals Wellness Program Description Sheet. **NEW THIS YEAR** We are promoting the idea of finding balance between **BODY, MIND & SPIRIT**. Goal: Earn **20 Wellness Points** **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)*
 ___ Summer (TBA) ___ Fall (TBA) ___ Hold for the Holidays ___ Biggest Winner

Attend a Wellness Retreat: *(receipt required)*
 ___ Retreat name: _____ Location: _____ Date: _____
 ___ Retreat name: _____ Location: _____ Date: _____

___ **Fitness Facility/Studio or Gym Log** **Number of weeks being submitted** _____
(Please attach a print out of your gym workouts from your training facility or studio.)

Attend an Organized Physical Activity/ Event/or Race (Community or Easter Seals): *(receipt required)*
 ___ Event name: _____ Location: _____ Date: _____
 ___ Event name: _____ Location: _____ Date: _____
 ___ Event name: _____ Location: _____ Date: _____
 ___ Event name: _____ Location: _____ Date: _____

Total Points this section: _____

Wellness Sharing: Share your story about your personal wellness journey. (E-mail or scan your story to the Easter Seals Wellness Coordinator.)

Self-care Day: Take a PTO day focused on taking care of you. (Can be a part of a vacation or a single day)
 Self-care Activity: _____ Date: _____

**Please send completed trackers to Wellness,
555 Auburn Street, Manchester, NH 03103
Scan to email@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, 2017 to receive credit for the Wellness activity.

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: _____

Wellness Classes: (2 classes = 1 wellness point, 1/2 point each)

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

___ Name of class: _____ Date: _____

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

___ Type of service: _____ Dates of Service: _____

___ Type of service: _____ Dates of Service: _____

___ Donate Blood:

Date: _____ Date: _____

___ Wellness shot: (Flu, Pneumonia or Shingles)

Where you went to get your wellness 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 from Page 1 = _____ Total from page 2 = _____ Total Points earned on this tracker form = _____

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