



2016-2017  
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, 2017 to receive credit for the wellness activity. Refer to the Easter Seals 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: \_\_\_\_\_  
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\_\_\_ 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 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, 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: \_\_\_\_\_

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**\_\_\_ 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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