



Wellness Activity Approval Form

2016-2017 WELLNESS PROGRAM

EMPLOYEE INFORMATION

Date Requested: _____ Employee Name: _____
E-Mail Address: _____ Phone Number: _____
Department: _____ Employee Signature: _____

WELLNESS ACTIVITY DETAILS

Complete the form and return it to Anita Stoker (astoker@flaglercounty.org; fax: (386) 313-4107). All requests for approval will be addressed within **30 days** of receipt. All requests for approvals must be received prior to **8/1/2017** to be considered.

Indicate your wellness activity and provide a brief description including frequency and intensity of the activity in the space provided below.

NOTE – Please provide any supplementary information (above or attached) that may aid in the approval of this activity.

FOR HUMAN RESOURCE USE ONLY

Date Replied: _____

HR Signature: _____

Comments: