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CHAMBERS COUNTY WELLNESS PROGRAM
"THE HEALTHY WEIGH OF LIFE"
AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY

Meant For use with recurring activities under the **Fitness Club Membership, Fitness Group Participation,** and/or **Wellness Focus Activities.** Record your activity for a one month period then **forward to the Wellness Center within thirty (30) days** of the end of the next month. (Ex. Record exercise for the month of July, turn in before August 31).

Date	Activity	Time of Day	Amount/Time Spent
Examples	Walking	7am-8am	1 mile/ 1 hour
	Weight Watchers	7PM	1 hour

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual items requirements for reimbursement for the activity (or activities) noted above.

Employee Signature _____ **Printed Name** of **Employee** _____ Department

Date (please complete) _____ Employee E-mail (for Wellness communication only) _____

Note to Participant: Please retain a copy of this document for your records before sending the original to the Wellness Center..