

# Take Action! Program

August 2, 2010 to September 25, 2010

Employee Name \_\_\_\_\_

Employee # \_\_\_\_\_

Program \_\_\_\_\_

Phone # \_\_\_\_\_

Congratulations! You have met your goal and completed the eight-week Take Action! Program and are eligible for a \$10 gift certificate to one of the stores listed below.

Bath & Bodyworks

Jamba Juice

Regal Movie Tickets

Robeks

Sports Authority

Sweet Tomatoes

Trader Joes

**Return this form to the Human Resources Office no later than October 1, 2010.** The Human Resources Office will call you once they have received and processed your request. Our next session will begin on **October 4, 2010.**

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Prize Received

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Signature

Date

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DATE STAMP

Date Received in HR

PROCESSED STAMP

Entered

# Take Action! Program

## August 2, 2010 to September 24, 2010



Employee Name \_\_\_\_\_

**Return this form to the Human Resources Office no later than October 1, 2010.**

Record your information on this form. The starting minimum goal is 3 servings per day and one type of exercise/physical activity for 20 minutes per day (60 minutes per week). Please put an "X" in the box for each serving consumed and 20 minute exercise completed.

| Week     | Type              | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|----------|-------------------|------|-------|------|--------|------|------|------|
| <b>1</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>2</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>3</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>4</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>5</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>6</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>7</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |
| <b>8</b> | Fruits/Vegetables |      |       |      |        |      |      |      |
|          | Physical Activity |      |       |      |        |      |      |      |

**Employee Signature** (I completed the above documented amount of physical activity and consumed the above documented amount of fruits & vegetables.)

DATE STAMP

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