

**2009-2010 WILLIAMSON COUNTY
EMPLOYEE WELLNESS PROGRAM
“COMMIT TO BE FIT”**



**AFFIDAVIT OF COMPLETED WELLNESS ACTIVITY
For HRA, Classes, Physical Fitness, Focus & Non-Tobacco Activities**

Participants may only be awarded 100 points per Section -See Listing of Wellness Program Activities & Associated Points

Health Risk Assessment (HRA) - (Refer to manual for online directions)	Date of Completed Assessment _____ Also Attach HRA Page
Stress Management Class/Session or Wellness Class (An affidavit is only required for <u>Non-County</u> Sponsored “Live” Classes) (Class Instructor Signature is Required Below)	Name of Class/Session _____ Date & Time(s) of Class/Session _____
Stress Management Class Series or Wellness Class Series (An affidavit is only required for <u>Non-County</u> Sponsored “Live” Classes) (Class Instructor Signature is Required Below)	Name of Class Series _____ Dates & Times of Class Series _____
Stress Management Video/DVD or Wellness Video/DVD (To receive wellness points for viewing videos/DVDs, a separate evaluation form must be completed for each title) (Witness Signature is Required Below)	Title of Video/DVD _____ Date of Viewing _____ Also Attach Completed Video/DVD Evaluation Form
Organization Membership (Facility Staff Signature required below) Note: Credit given for 28 day periods (less than 28 days will not be credited) Dates should reference actual dates, i.e. 11/1/09 – 11/30/09	Name of Facility _____ Name of Activity _____ Specific Range of Dates of Activity _____ Include Month, Date, and Year
Fitness / Exercise Participation (Witness Signature required below) Note: Credit given for 28 day periods (less than 28 days will not be credited) Dates should reference actual dates, i.e. 11/1/09 – 11/30/09	Name of Activity _____ Specific Range of Dates of Activity _____ Include Month, Date, and Year
Participation in a Wellness Focus Activity (Please see manual for required documentation)	Focus Activity Name _____ Specific Date(s) of Activity _____
Non-Smoker / Non-User of Tobacco Products (Witness signature required below)	I do not use tobacco products _____ (Initials of Participant required on above line)

I have read the Wellness Program Reimbursement Procedures and Requirements. I hereby certify that I have fulfilled the Wellness Program individual item requirements for reimbursement for the activity (or activities) noted above. I understand that I can submit an affidavit form for each activity completed OR for more than one (1) activity at a time.

Only 1 Signature per affidavit for all activities noted:

Employee/Retiree/Spouse Signature Date

Signature of Witness, Staff or Instructor Date Signed

Printed Name Employee #

Printed Name of Witness, Staff or Instructor

Please retain a copy of this document for your records before submitting to the Human Resources Department. You may scan and email your completed wellness affidavit(s)/documentation to wellness@wilco.org, or you may fax your completed wellness affidavit(s)/documentation to the Human Resources Department at (512) 943-1535. As before, you may still turn in your completed wellness affidavit(s)/documentation in person, by inner office mail, or by regular U.S. mail.