

EMPLOYEE NAME: _____
 EMPLOYEE NUMBER : _____
 BUILDING: _____
 MONTH : _____

HIKE/BIKE DOCUMENTATION FORM

DATE	HIKE	BIKE	TIME	EMPLOYEE INITIALS	VERIFICATION INITIALS

I verify that the information included in this chart is accurate with no misrepresentation.

Employee Signature: _____ Date: _____ Full Time: _____ Part Time: _____

Verification Signature: _____ Date: _____

The completed form is to be given to the Wellness Coordinator who will complete and submit the payroll form.