BUILDING:_____
MONTH :_____

HIKE/BIKE PAYROLL FORM

EMPLOYEE ID	EMPLOYEE NAME	AMOUNT ($29.50 OR $14.75)	NUMBER OF WEEKS 30 MIN REQUIREMENT WAS MET	TOTAL MINUTES	EMPLOYEE SIGNATURE	VERIFICATION SIGNATURE

The Wellness Coordinator will complete and submit the payroll form to Patrick Johnson at the Division Annex by the 5th of the month following the activity.