EMPLOYEE NAME:				EMPLOYEE NUMBER : MONTH :			
BUILDING:				_MONTH :			
				HIKE/BIKE	DOCUMENTATION F	ORM	
	DATE	HIKE	BIKE	TIME	EMPLOYEE INITIAL	S VERIFICATION INITIAL	
-							
-							
_							
-							
_ [ation included in this cha		
Total mi	nutes:		_ I verify t	hat the inform	ation included in this cha	rt is accurate with n	o misrepresentation.
Employee Signature:					Date:	Full Time:	Part Time:
Verificat	Perification Signature:				Date:		

Submit to the Wellness Representative to be added to the Payroll Form.