Live Well, Work Well @ MSU
WellPoints Tracking Form

Employee Name:	
MSU ID#:	
Month:	

Section 1: Log activities in the following Categories: Preventive, Education, and Other

DATE	ACTIVITY	DETAILS OF ACTIVITY/LENGTH OF TIME	POINTS
		Section 1 Total Points	0

Section 2: Log activities in the following Category: Exercise

DATE	ACTIVITY	DETAILS OF ACTIVITY/LENGTH OF TIME	POINTS
		Section 2 Total Points	

Section 3: Log activities in the following Category: Challenges

DATE	ACTIVITY	DETAILS OF ACTIVITY/LENGTH OF TIME	POINTS
		Section 3 Total Points	0
		Monthly Total Points	0

Submit form to the Office of Human Resources, 101 Howell McDowell, at the end of each month. Use additional form if necessary.

I hereby certify that I have participated in the activities listed above in order to qualify for the Live Well, Work Well @ MSU incentive program.

Signature: _____ **Date:** _____