

Tracking

Well Credits: **Weight loss & Smoking Cessation**

Madison Area Technical College recognizes the importance of choosing a healthy lifestyle and has implemented a wellness program designed to encourage employees to make positive health choices.

DIRECTIONS: Please complete this form and have it authorized by the program facilitator or submit another formal proof of attendance.

Employee Name

Signature of Employee

Date

Signature of Program Facilitator

Date

☐ Description of smoking cessation program: _____
Course facilitator: _____ Length of program _____

☐ Description of weight management program: _____
Course facilitator: _____ Length of program _____

Dates of Participation	Staff Initials
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What did I learn from this experience?

How has this program changed my life?



Submit the completed form to HR - Employee Wellness: fax 608-246-6909, mail to 3550 Anderson St, Madison, WI 53704, or email the scanned form to employee wellness@madisoncollege.edu by May 31, 2011.

