



*City of Glasgow
2012-13 Wellness Program
Employee Activity Log*

Name: _____ Month: _____

Day	Activity	Duration	Day	Activity	Duration
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Accountability Partner: _____
(someone who knows your routine - they don't have to watch you exercise)

Please make copies of this form for each month. Fax completed forms to Well-Score at (866) 734-3250 and keep a copy for your records. You must exercise at least 30 minutes each session for at least 8 sessions during the month to receive 2 wellness credits. You may also submit printed summaries of your online tracking forms or a printout of your gym attendance.