

# WORK-LIFE WELLNESS

## Employee Bonus Eight (8) hours of leave time\*



\*MAPP Policy 02.03.08 Work-Life Wellness Policy (II. C. 3)

### SECTION 1: To Be Completed By Employee *(once completed, turn in to HR Director)*

Employee Name: \_\_\_\_\_

T Number: \_\_\_\_\_ Department: \_\_\_\_\_

I have completed the following:

- Online Personal Health Assessment (attach confirmation)  
 Physical Examination (attach confirmation)

#### *Employee Certification*

I certify that all of the information I have provided on this form is accurate to the best of my knowledge, and that submitting information that is misleading, or untruthful may result in disciplinary actions up to and including termination of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: To Be Completed By HR Director *(once completed, turn in to HRIS/ Benefits)*

Approved  Disapproved

Comments:

\_\_\_\_\_  
\_\_\_\_\_

HR Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: To Be Completed By HRIS/ Employee Benefits *(Once completed, return to HR Director)*

*Eight (8) additional hours of additional leave time has been added to employee balance (initial)* \_\_\_\_\_

*Employee should keep a copy for their records*