



## Instructions

Complete the form in its entirety, including a signature from the Akron-Summit County Public Library program leader to receive Personify Health Points. Please return the completed form to the [Wellness Team](#) via email or drop it off at our office.

## Employee Information and Activity Details

|               |  |                        |  |
|---------------|--|------------------------|--|
| Employee Name |  | Employee ID (6-digits) |  |
| E-mail        |  | Phone                  |  |
| Office        |  | Department/Agency      |  |

| Activity Date | Program   Activity |  |
|---------------|--------------------|--|
| Monday        |                    |  |
| Tuesday       |                    |  |
| Wednesday     |                    |  |
| Thursday      |                    |  |
| Friday        |                    |  |
| Saturday      |                    |  |
| Sunday        |                    |  |

Signature

*Signature of Participating Employee Submitting this Form*

Name

*DAP Program Leader (print)*

Date of Signature

*MM*

*DD*

*YY*

Signature

*Signature of DAP Program Leader*

