

**Macon County LIFE
 Worksite Wellness Program
 Leave Request Form – July 1, 2023-June 30, 2024**

Complete Items 1-4

1. Fill out form below. Attach vouchers to a plain sheet of paper. You can place up to (3) vouchers on the sheet. Do not attach vouchers to the backside of the sheet. Tape your vouchers to the sheet making sure not to have hangover at the top or on the sides. Trim vouchers if necessary.
2. Obtain supervisor’s signature.
3. Obtain department head’s signature.
4. Attach completed form (with signatures and vouchers) along with a leave request form to the time sheet during the payroll period that leave is taken.

Name: _____

I have participated in the following LIFE programs/activities and have accumulated the indicated points. My vouchers are attached.

- ____ points (max 15) Blood Donations
- ____ points (max 50) Blue Cross Blue Shield Healthy Outcomes Activities
- ____ points (max 35) Community Fitness Events
 Describe _____

- ____ points (max 50) Diabetes Prevention Program
- ____ points (max 15) Department LIFE
 Describe _____

- ____ points Employee Health Screenings and Challenges
 Describe _____

- ____ points LIFE Physical Activity and/or Nutrition Classes
- ____ points Lunch and Learns
 Describe _____

- ____ points (max 35) Preventative Health Screenings
- ____ points (max 50) Physical Activity Log
- ____ points Self-Management Challenges
 Describe _____

- ____ points Quizzes
 Describe _____

- ____ points (max 15) Volunteer Time
 Describe _____

- ____ Other _____
 Describe _____

____ **TOTAL POINTS**

Points may be redeemed as follows: **A maximum of 16 hours off from July 1, 2023 to June 30, 2024.**
 Time must be used by June 30, 2024 and be taken in the increment it is earned.

- Circle all that apply.
- 8 hours off – Earn 50 LIFE Points
 - 16 hours off – Earn 100 LIFE Points

Date time off is to be taken: _____

 Employee’s Supervisor



 Department Head