



# LAKESIDE INDUSTRIES WELLNESS PROGRAM

## Wellness Activity & Attendance Log



**Instructions:** Use this log if your fitness facility or subscription does not provide an automated usage report. Please ensure an instructor or facility staff member initials each visit if applicable. Use additional sheets if necessary.

**Employee Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

Date	Activity Type (Gym, Yoga, HIIT, etc.)	Staff Initials	Notes (Optional)

**Total Monthly Visits:** \_\_\_\_\_

### Employee Affirmation

My signature below indicates that the information submitted in this request is true and accurate. I understand that falsification of information could result in the loss of the Wellness Program rewards in future months.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_