

# Wellness Challenge Log

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

Employee Number: \_\_\_\_\_

Challenge Type (Select One):  Employer Challenge / Name: \_\_\_\_\_

Peer Challenge / Goal: \_\_\_\_\_ Date Range: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total (If Applicable) \_\_\_\_\_

End of Challenge: Email this completed Log sheet to [wellness@creativefoam.com](mailto:wellness@creativefoam.com) OR turn into your HR Rep for submission.