



INCENTIVE POINTS TRACKING FORM

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Wellness Group _____

Incentive Points Accumulated for the Year of **2020**

Participant's Name	Department	Date Participant began program	1 st Quarter Jan 1-Mar 31	2 nd Quarter Apr 1-Jun 30	3 rd Quarter Jul 1-Sept 30	4 th Quarter Oct 1-Dec 31	Total Points Accumulated for the year

Please mail a copy of this form, at the end of the each Quarter,
 to: *Wellness Works*
MMEHT
60 Community Drive, Augusta ME 04330

Submitted by _____
(Wellness Coordinator/Committee Member)

Date Submitted _____