INCENTIVE POINTS TRACKING FORM

Wellness Group _____

Incentive Points Accumulated for the Year of 2023

Participant's Name	Department	Date Participant began program	1st Quarter Jan 1-Mar 31	2nd Quarter Apr 1-Jun 30	3rd Quarter Jul 1-Sept 30	4th 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 _____