



Wellness Program – Request Form

Support for Maintaining a Healthy Lifestyle

Name: _____

Item Description: _____

Cost: \$ _____

Location of Item: _____

Notes: _____

Date submitted: _____

Please forward completed forms to your immediate supervisor.

Requests may be made anytime up until November 30, 2017. Please allow up to 4 weeks for a response.

If you have any questions about the Wellness Program please contact Rachelle, (519) 371-6776 or rachelle@habitatgreybruce.ca



Live Well. Work Well.



Approved by: _____ Date: _____