

Employee Wellness Champion Application 2024-2025

Principal/Director/Supervisor: Please complete the information below for your recommendation of any Employee Wellness Champion for the 2024-2025 school year. By completing this form, you agree to support the Employee Wellness Champion as outlined in the EWC Requirement form.

Employee Name – Print Clearly:

Last 4 Digits of Social Security Number: **XXX-XX-**
(Payroll purposes)

Cost Center for Employee Job Position:

PCS Position/Title (Must by salaried):

PCS Worksite:

Currently have PCS Aetna medical insurance. (Yes or No):

If you do not have the Aetna medical insurance through PCS, you will be given access to the Limeade Wellness program for training purposes.

Employee: Initial statements below.

_____ I understand the basic goals of the Be SMART worksite wellness program and the responsibilities of the champion outlined in the attached “EWC Requirements and FAQ” document.

_____ I am in a SALARIED Professional, Technical, Supervisory (PTS) or SALARIED instructional position.

_____ I understand that it is strongly encouraged to attend all three champion meetings during the year.

_____ I understand that to receive any supplement, I must attend at least two of the three meetings, completed at least one program in each semester, and follow any other requirements provided by the PCS District Wellness Team.

_____ I understand the supplement earned will be based on the objectives fulfilled (included in Requirements and FAQs).

_____ I understand that communication is a part of being an employee wellness champion and I will communicate to my staff on behalf of the District Wellness Team.

Employee Signature

Date

Principal/Director/Supervisor Signature

Date

Principal/Director/Supervisor Name (print)

Date

Principal's Secretary Name (print)

Please send all completed applications to Brandon McIntosh at mcintoshbra@pcsb.org or pony to Admin/Risk Management

