



## Employee Wellness Program Proof of Completion

**Title of Program:** \_\_\_\_\_

**Program Date:** \_\_\_\_\_

**Name of Presenter:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Cost of Program:** \_\_\_\_\_

**Brief Description of Program:**

\_\_\_\_\_

### Photo Submission

You will have the *option* to include a photo of your event with this form. If you are unable to upload on IncentFit, please email it directly to Brandon McIntosh at [mcintoshbra@pcsb.org](mailto:mcintoshbra@pcsb.org)

Please save as a PDF and upload to IncentFit.