



Wellness Hero Nomination Form

Please provide the following information about the individual you would like to nominate:

- Name: _____
- Department: _____
- Brief description of their recent health accomplishment: _____

- Time frame of the accomplishment: _____

- Improvements noticeable in his/her day-to-day life: _____

- How this success has influenced you and your department: _____

Please complete and return to Kendra Houghton in HR