



JSC Wellness Fund Request Form

The Vermont State Colleges recognize that engaged healthy employees contribute to the success of our community.

The Vermont State Colleges Wellness Initiative seeks to increase employee awareness and knowledge to promote health and well-being. This will be achieved by engaging employees, JSC retirees, and their families in:

- Creating a community climate that supports good health practices,
- Connecting employees, retirees and their families to health related resources, and
- Encouraging and promoting well-being as an ongoing process involving all aspects of our lives.

Purpose: The **JSC Wellness Fund** was created to support our efforts to engage employees, retirees, and their families in wellness activities, especially those who are not currently participating in the “Wellness Works at JSC” program or other similar programs. In support of this goal, the “Wellness Works at JSC” program will set aside funding for:

- Registration for an organized wellness event where several JSC employees and retirees are participating; or
- Health related activities campus-wide.

Request for funds: Employees, retirees and their families who are seeking support from the JSC Wellness Fund should complete this form. The completed form should be submitted to Committee member Jean Reynolds in the Academic Dean’s Office. The Committee will review requests on a monthly basis. Application deadlines are the first business day of each month. Individuals may request a maximum of \$100 per year for individual fund requests. Only completed applications will be considered. The maximum amount allocated this year for the Fund is \$2,000 from the Wellness Works at JSC budget.

The Committee will review all applications within 10 days after the deadline. Wendy Brothers, chair of the Committee, will notify all applicants of the Committee’s decisions.

Fund awards may cover all or part of actual costs associated with wellness activities. Groups may receive funds more than once per year. Recipients of the JSC Wellness fund must provide receipts for reimbursement and prepare a brief written statement outlining the value of the activity within 30 days of completion. Receipts and statement should be submitted to Jean Reynolds.

JSC WELLNESS FUND FORM

Group Name: _____

Contact Name: _____

Address: _____

Telephone: _____ E-mail _____

Amount Requested: _____ Date Needed: _____

Which area does your request best fit in reaching the Wellness Works at JSC overall goals:

- Creating a community climate that supports good health practices,
- Connecting employees, retirees and their families to health related resources, and
- Encouraging and promoting well-being as an ongoing process involving all aspects of our lives.

Describe request and how it will support the Fund's purpose:

Signature

Date

For Committee Use Only

Approved _____ Denied _____

Comments:

Signature of Chair Committee Member _____

Date _____

Signature of Director of Human Resources _____

Date _____