



CLARK COUNTY WELLNESS COMMITTEE

Wellness Committee Membership/Resignation Form

EMPLOYEE INFORMATION	
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Employee Name: _____

Employee Department: _____

Work Phone Number: _____	Employee Number: _____
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<p>Please check one of the following boxes:</p> <p><input type="checkbox"/> I would like to become a member on the Wellness Committee.</p> <p><input type="checkbox"/> I would like to resign from the Wellness Committee.</p> <p><i>*Note if resigning you must continue your duties until a replacement is found by you or the committee.</i></p> <p>Employee and Department Head, please read the following:</p> <ul style="list-style-type: none"> • As a committee member I may be required to serve as an officer • As a committee member I will need to attend bi-monthly Wellness Committee Meeting. • You will be notified by the Chairperson once selected to Committee; your duties will begin the following bi-monthly meeting.

Employee Acknowledgment

Employee Signature: _____ Date: _____

Department Head Acknowledgement

Department Head Signature: _____ Date: _____

For Wellness Committee Only:

<input type="checkbox"/> Membership Approved Date: _____	<input type="checkbox"/> Membership Denied Date: _____	Date Membership begins: _____
<input type="checkbox"/> Resignation Approved Date: _____	<input type="checkbox"/> Resignation Denied Date: _____	Resignation Replacement: _____