



Employee Wellness Month Planning Guide

Planning Committee

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Designated Wellness Month: _____ **Budget:** _____

Wellness Topics (Circle 4):

- Heart Health Diabetes Weight Loss Tobacco Cessation
- Nutrition Stress Management Mental Health Ergonomics
- Exercise Financial Wellness Positivity Meditation/Yoga

Week 1

Wellness Topic:
Event/Activity:
Education Materials:

Week 2

Wellness Topic:
Event/Activity:
Education Materials:

Week 3

Wellness Topic:
Event/Activity:
Education Materials:

Week 4

Wellness Topic:
Event/Activity:
Education Materials:

Notes: