



## New Hanover County- WAY Incentive Leave Program

### Application for WAY Incentive Leave 2013-2014

Employees who have completed WAY program components for program year 2013-2014, can submit this *Application for WAY Program Incentive Leave* for approval for WAY Program Incentive Leave to Human Resources (Attn: Amy Cook) . ***Applications will only be accepted from July 1-July 18<sup>th</sup>, 2014.*** WAY Program Incentive Leave vouchers (*no cash value*) will be sent by interoffice. *\*The WAY program incentive leave may be scheduled and used prior to July 31<sup>st</sup>, 2015.*

WAY Program Components	MY WAY Program Components	Initial
<b>1. Health Risk Assessment</b>	<i>I have completed a health risk assessment this year</i>	
<b>2. Wellness Education</b>	<i>I have completed wellness education through:</i> <b><i>2 in person WAY health education sessions (Record the titles of attended classes)</i></b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;"><i>Or</i></p> <b><i>4 hrs of online BCBS Health modules or WAY DVDS(Record the titles of completed BCBS online modules or 4 WAY DVDs )</i></b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>3. Physical Activity</b>	<i>I have tracked my physical activity on the SharePoint WAY Physical Activity Tracker at <a href="https://inside.nhcgov.com/HR/WAY/Track/">https://inside.nhcgov.com/HR/WAY/Track/</a></i>	

<b><i>Accumulated Minutes of Physical Activity</i></b>	<b><i>Awarded WAY Leave</i></b>
<b><i>≥3000</i></b>	<i>2 hours</i>
<b><i>≥4500</i></b>	<i>4 hours</i>
<b><i>≥6000</i></b>	<i>6 hours</i>
<b><i>≥7500</i></b>	<i>8 hours</i>

*I have completed the following WAY Program Components to earn \_\_\_\_\_ hours for the WAY Program Incentive Leave. I attest that the above information is accurate and true to the best of my knowledge.*

\_\_\_\_\_  
 Signature \_\_\_\_\_  
Date  
 (\*\*Please write your name legibly so we are able to process.)

<b>Human Resources Use Only</b>	
Application Reviewed By: _____	WAY Program Incentive Leave Hours Awarded: _____