

Requests for PTW Participation form



Program Name:

Contact Person: name, work location, phone extension.

Program Description (include duration (number of weeks, length, one-time event,

Program Duration (one time, series, recurring, seasonal or other)

Program Objective(s) and benefit to Upstate employees:

Equipment needs or costs associated:

Please return this form to Suzanne Brisk, 205 Jacobsen Hall or a wellness committee member for submission to the committee.