

Section 3: Employee Acknowledgement

By signing below, I acknowledge that I have read, understand, and accept the WELL Leader responsibilities* should I be selected to fill this role for my Division/College/Unit.

Applicant Signature

Date

**WELL Leader responsibilities found at wellness.tamu.edu.*

Section 4: Supervisor Acknowledgement

By signing below, I support and approve the above employee to serve as a WELL Leader and to carry out the responsibilities of WELL Leaders.

Supervisor Printed Name

Supervisor Signature

Date

SUBMIT FORM TO:
wellness@tamu.edu

Address questions about WELLNESS WORKS! to:
Phone (979) 862-4956
wellness@tamu.edu