MEETING AGENDA/MEETING MINUTES

| LOGISTICS | |
|---------------------|--|
| Meeting Date | |
| Time | |
| Venue | |
| Call-In Information | |

| MEMBERS/REGISTER | | |
|------------------|---------|---|
| NAME | PRESENT | ROLES TO CONSIDER |
| | | Convener |
| | | Timekeeper |
| | | Facilitator |
| | | Note-taker/Secretary |
| | | Communications |
| | | Marketing/Promotion |
| | | Executive or Executive Liaison |
| | | Engaged Employees (appointed) |
| | | Event Planner |
| | | Benefits Liaison |
| | | Data Liaison |
| | | Facilities Representative |
| | | If applicable: outside representatives for wellness program |

| TOPICS OF DISCUSSION | | |
|-----------------------|--|--|
| Welcome | | |
| Topic 1 | | |
| Topic 2 | | |
| Topic 3 | | |
| Topic 4 | | |
| Schedule Next Meeting | | |

MEETING AGENDA/MEETING MINUTES

| MINUTES OF MEETING | | | | |
|---|------|-------------------|--|--|
| DISCUSSION | TIME | OUTCOME/DECISIONS | | |
| Welcome and Introduction | | | | |
| Topic 1 Summary | | | | |
| Topic 2 Summary | | | | |
| Topic 3 Summary | | | | |
| Topic 4 Summary | | | | |
| Schedule Next Wellness Committee Meeting | | | | |

| TASK | ACTION ON | ACTION BY |
|------|-----------|-----------|
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| MINUTES OF MEETING | | |
|---------------------|--|--|
| Meeting Date | | |
| Time | | |
| Venue | | |
| Call-In Information | | |