

APPENDIX C: Worksite Wellness Committee Action Plan Template

WORKSITE WELLNESS COMMITTEE ACTION PLAN	
Worksite Name: _____	Year # _____
Committee Name: _____	
Committee Chairperson: _____	
Program Coordinator: _____	
Other Chairs: _____ _____	
Action Plan for Period Beginning: _____ Period Ended: _____	

MISSION STATEMENT:

Committee Members					
Name	E-mail	Phone	Name	E-mail	Phone
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		