

# Wellness Target Form

The deadline to upload your wellness form into Workday is October 27<sup>th</sup>, 2025

## -Participant to complete-

I, \_\_\_\_\_, authorize my Doctor to complete this  
(Employee or Retirees Name - Please Print)  
form and I am responsible for uploading this form into Workday.

Name of Physician: \_\_\_\_\_  
(Please Print)

## -Physician to complete-

The wellness incentive is no longer outcome based. If the patient has been checked for the wellness targets listed on page 2, **please check the box below**. They City doesn't require the number of targets that were achieved as it is no longer outcome based.

**Pass-** My patient completed the biometric screening which includes the blood draw or a fingerstick and I have discussed the outcome of the targets with the patient.

Physician Signature: \_\_\_\_\_  
*By my signature I certify the screening results.*

Federal Tax Id #: \_\_\_\_\_

Date: \_\_\_\_\_

**It is the responsibility of the patient to upload this form into Workday by October 27<sup>th</sup>, 2025, to receive the wellness credit for next year.**

### How do I upload my Wellness form into Workday?

1. Navigate to Workday menu and select the "Requests" app
2. Select "Create Request"
3. Select "**Wellness Incentive Program Completion**" for Request Type, then select "Okay"
4. On the next screen, answer required question and attach form, then select "**Submit**"

*\*Do not send test results or the reverse side of this form*

**Late submittals cannot be accepted – no exceptions**



**To: Doctor's Office**

The City of Sarasota's 2025 benefit program includes wellness incentives for an employee or a retiree only. These incentives are based on completion of this form.

Four of the measures can be determined by a lab draw and the other two measures can be determined by an office visit.

Once a total of the measurements is completed on the form below, please complete the reverse side of this form **and return it directly to the patient**. Please contact the Human Resources office at 941-263-6338 if you have any questions on this program or this form.

**Wellness Targets**

Measurement	Targets	Achieved	Not Achieved
<u>Weight Measurement</u> a. Waist Circumference <b>OR</b> b. Body Mass Index	Men - 40" or less Women - 35" or less 25 or Less		
Tobacco Use	No Use Detected		
Blood Sugar	Less than 100 mg/dl		
Triglycerides	150 mg/dl or less		
Blood Pressure	Systolic-130 or less Diastolic-85 or less		
Total Cholesterol	200 mg/dl or less <b>OR</b> Cholesterol/HDL ratio of 4 or less		
	Total Achieved:		

Members may achieve any or all targets to receive the wellness incentive.

*Wellness Forms need to be completed and uploaded into Workday by October 27<sup>th</sup>, 2025*

**Late submittals cannot be accepted – no exceptions**

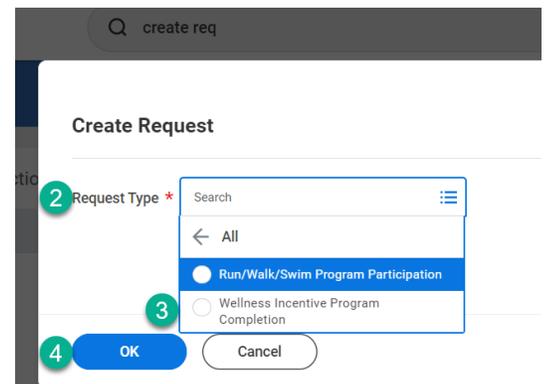
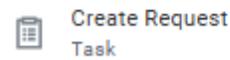
# HOW TO

## Submit Wellness Form *Instructions for Employee*



### Complete Create Request task.

1. In the **Search Bar**, type **Create Request** and click the **Task** from the drop down.
  - a. If you click enter on your Keyboard, click the Create Request task in the new screen.
2. In the **Pop Up window**, click into **Request Type** .
3. Select **Wellness Incentive Program Completion**.
4. Click **Ok**.
5. Review the information about the program.
6. **Answer the question** accordingly.
7. If you answer yes, you will have an **attachment field** pop up.
8. **Upload** your signed Physician Form.
9. Click **Submit**.
10. Your form will route to Benefits for review.
11. If there are any issues with what you submitted, Benefits will be in contact.



Submit your Wellness Incentive Program information to Benefits

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Have you met all the criteria for completion of the wellness program?  
(Required)

- Yes 6  
 No

enter your comment

Attachments

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Submit Save for Later Cancel

