Ryan Picarella, President Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wellness Council of America

c/o Tyler Roberts, Executive Director

Wellness Council of Wisconsin

N19W24400 Riverwood Drive, Suite 260

Waukesha, WI 53188

Dear Tyler Roberts:

This letter serves as my formal endorsement and support of my organization’s effort to attain national Well Workplace designation from the Wellness Council of America (WELCOA), and support the business community’s effort to secure a “Sheboygan Well County” designation. As a member of the Sheboygan County business community, I understand that to have a healthier bottom line, we must all work towards a healthier workforce.

I pledge to support this effort through the following six commitments by the end of a three-year period beginning with the approval of the Sheboygan Well County strategic plan:

1. A “Wellness Champion” or wellness team member(s) from my organization will attend Well Workplace University training and complete the WELCOA checklist to secure the tools needed to develop a results oriented workplace wellness program.
2. My organization will become a corporate member of the Wellness Council of America by joining the Wellness Council of Wisconsin (www.wellnesscouncilwi.org).
3. I will assure the development and support of a wellness program in my organization using the WELCOA Well Workplace accreditation award process as our guide.
4. Our organization will engage and participate in Sheboygan Well County sponsored learning opportunities and annual events.
5. My organization will submit an application for national Well Workplace recognition by the end the three-year period beginning with approval of the Sheboygan Well County strategic plan.
6. Once our organization has achieved Well Workplace designation, we agree to serve as a mentor to at least one other organization working through the application process.

The contact or Wellness Champion for this initiative is (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can be reached at (e-mail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). Our organization has (\_\_\_\_\_\_\_\_#) of employees in Sheboygan County. Overall, please consider me “on-board” for this effort to implement results driven employee wellness programs, and to sustain national recognition for the Sheboygan County world-class wellness efforts.

Sincerely,

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (CEO/Top Local Executive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_