**30 minutes of Stretching/Meditation**

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

Enter total minutes for each day in lines provided

Week 1: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_\_ Day 3 \_\_\_\_\_\_ Day 4 \_\_\_\_\_\_ Day 5 \_\_\_\_\_\_

Week 2: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_\_ Day 3 \_\_\_\_\_\_ Day 4 \_\_\_\_\_\_ Day 5 \_\_\_\_\_\_

Week 3: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_\_ Day 3 \_\_\_\_\_\_ Day 4 \_\_\_\_\_\_ Day 5 \_\_\_\_\_\_

Week 4: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_\_ Day 3 \_\_\_\_\_\_ Day 4 \_\_\_\_\_\_ Day 5 \_\_\_\_\_\_

Please fax this sheet to Jes Snyder at corporate office