

BUTLER UNIVERSITY

WELLNESS STIPEND APPLICATION

HEALTH AND RECREATION COMPLEX – HEALTHY HORIZONS

Application for a \$200 Wellness Stipend

Employee name _____

Employee ID number _____

Department _____

Date _____

Submit your form to both the HRC and Healthy Horizons (RH 255) for verification that you have completed the stipend requirements. Each office will sign the form within two business days and return it to you by campus mail. Then submit your completed form to Human Resources (JH 144). The \$200 Butler Wellness Stipend will be applied to your paycheck. Stipend will be received within the same month of application, if the stipend form is submitted to HR by the 17th of the month.

AUTHORIZED BY

Healthy Horizons (sign and date) _____

Health Recreation Complex (sign and date) _____

RECEIVED BY

Human Resources (sign and date) _____



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For more information visit
www.butler.edu/hrc or www.butler.edu/healthyhorizons.