

# Project Zero Form



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

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

Department: \_\_\_\_\_

Starting Weight: \_\_\_\_\_

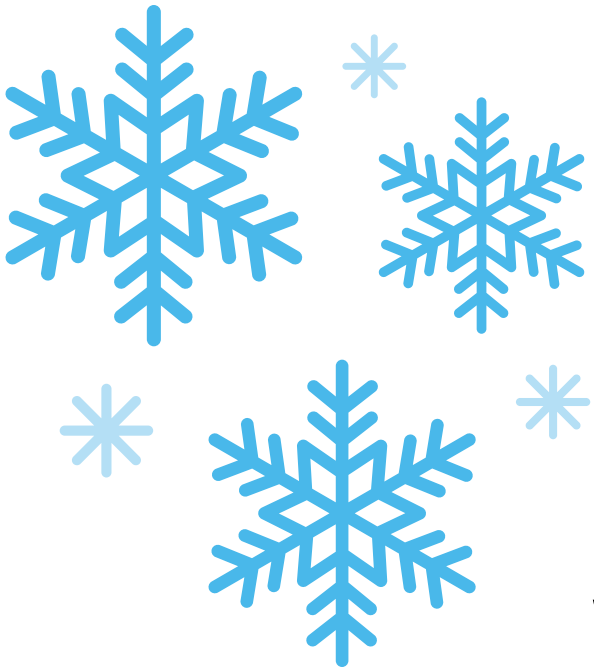
Witness: \_\_\_\_\_

Return top half of form to Employee Wellness by

December 1<sup>st</sup>, 2025

Mail Code: 5200 or email [wellness@weber.edu](mailto:wellness@weber.edu)

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

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

Department: \_\_\_\_\_

Ending Weight: \_\_\_\_\_

Witness: \_\_\_\_\_

Return bottom half of form to Employee Wellness by

January 19<sup>th</sup>, 2026

Mail Code: 5200 or email [wellness@weber.edu](mailto:wellness@weber.edu)