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| **600 Minute Challenge** |
| Tracking Form |
| NAME: |  |
| DEPT: |  |
| Please indicate time in minutes only. |
| **GRAND TOTAL MINUTES** | **WEEK 1** | **WEEK 2** | **WEEK 3** | **WEEK 4** |
|  |
| MONDAY |   |   |   |   |
| TUESDAY |   |   |   |   |
| WEDNESDAY |   |   |   |   |
| THURSDAY |   |   |   |   |
| FRIDAY |   |   |   |   |
| **TOTAL MINUTES PER WEEK** |  |  |  |  |