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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** |  |  |  |  |