

# Healthy Workplace Initiatives Program

Funding Guide

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# **IMPORTANT DATES**

April 29, 2025	Funding period starts
February 23, 2026	<b>Optional</b> : deadline to send all invoices/ receipts/ general ledgers for reimbursement before the end of the funding round. <b>Only if your department requires</b> a partial reimbursement before the end of the fiscal year
May 3, 2026	Complete your initiative. Gather all reimbursement documents for reimbursement
June 3, 2026	The funding period ends. Submission Deadline for all invoices, reports, and surveys are due

# **RUNNING A SUCCESSFUL HEALTHY WORKPLACE INITIATIVE**

## Getting started

- Connect with your manager or senior leaders about the HWIP initiative and ask them to promote and participate. This is an excellent opportunity for leaders to show their commitment to wellbeing. Senior leaders' involvement can also generate interest and inspire others to join the initiative.
- Enlist support from others to help coordinate or set up activities.
  - If your department has a wellbeing/wellness committee, this may be a good place to start or enlist the support of those who are already interested in supporting wellbeing in your department. Create a small working group or planning committee to share the workload
  - Connect with a <u>Workplace Wellbeing Ambassador</u> in your department or Social/ engagement committee if you have one.
- Plan early and think beyond one-off events
  - Consider the different seasons and workload of the team. For instance, you can organize one activity or workshop per season (Fall, Winter, Spring, Summer)
- Brainstorm ideas and obtain feedback from those participating in the initiative. This gives a chance to voice ideas, increase buy-in and generate interest in the team.
- Consider how this initiative can be integrated into ongoing programming, processes, or initiatives (e.g., team meetings, Pro-D workshops, strategic sessions).
- When planning, take into account accessibility, ease of access to workshops and activities, dietary restrictions, and catering to varying physical abilities
- Include an educational component
  - If you are hosting a nutrition or food related event, consider bringing in a dietitian or nutritionist, or contact the Workplace Wellbeing team to provide free workshops and resources
  - The <u>Workplace Wellbeing team</u> also offers free training, on-demand workshops and consulting services

#### During your initiative

- Get feedback from participants and monitor your progress
  - Check in regularly with your team to discuss progress and determine what is working or what could be improved. Review, adjust, and modify the plans. Having data can also be sent to managers and leaders to promote their continued support of the initiative
- Provide incentives to garner interest, but also recognize participation

#### After

- Celebrating team achievements and success
  - Take time to celebrate your success, both big and small.
  - You may wish to host a wrap-up event or post the success of your initiative and activities so that everyone can the department can see it

# **PROGRAM EVALUATION**

Evaluation of health promotion initiatives is an important step to long-term success. Evaluation can help identify ways to improve programs, justify the use of resources, assess an intervention's efficacy and help identify outcomes.<sup>1</sup>

## **HR's Evaluation**

As part of the Healthy Workplace Initiatives Program, you will be required to submit evaluation surveys.

Participant Post-Survey (Minimum of 10 to be submitted): upon completion of your initiative

**Final Report:** completed by application leads only, at the end of your programming.

Your Department's Evaluation

Participating departments are strongly encouraged to do their own evaluation throughout a Healthy Workplace Initiative Program. The feedback collected by HR relates to individual health behaviours, not program specifics.

Surveying your group will help to assess the program's rollout, popularity, viability and future sustainability. You will find a sample Department Evaluation as part of this toolkit.

<sup>&</sup>lt;sup>1</sup> O'Connor-Fleming ML et al., A framework for evaluating health promotion programs. Health Promotions Journal of Australia (2006), 17(1):61-66.

# **HWIP REIMBURSEMENT GUIDELINES**

To get reimbursed through the Healthy Workplace Initiatives Program (HWIP), please follow the steps below. If anything is missing (like receipts or the coversheet), your package will be returned for you to complete.

## Pay for your HWIP expenses

- Submit your receipts to your department first (e.g., through your department's admin or finance team).
- Make sure each invoice or receipt clearly says it is an HWIP expense (e.g. HWIP catering expense) in the notes or memo section when submitted

## **Reimbursement Instructions**

- 1. Complete the provided Cover Sheet (send as an Excel file)
  - Use the cover sheet template provided to you.
  - Fill out all the blue spaces—this includes:
    - Your department's Workday codes (Program Code), this is where your reimbursement from HR will be sent
    - Receipt/invoice details
    - HWIP Funding Category
    - Approved Amount, etc.

	Health	y Workplace Initiatives Fund	Program Coversheet					
	Please fill in all t	he spaces in blue						
	1. All Budget Reports, receipts and G	eneral Ledger screenshots MUST be p	provided in order to be reimbursed.					
	2. Number and scan receipts (match	each transaction with corresponding	receipt)					
	3. Do not combine receipts into one	budget item; report them individual	y					
	HWIP Funding Period	2025-2026			Description	Max	GL Total	Check
	Department/Unit Name( in full)				Prizes/incentives	Prizes	\$0.00	ОК
	Your Department's Cost Center				Food	Food	\$0.00	ОК
	Your Department's Worktag				Promotional material	Promotional material	\$0.00	ОК
					Transportation/mileage	Transportation/mileage	\$0.00	OK
	HWIP Funding Category:	Select your HWIP initiative			Small equipment	Small Equipment	\$0.00	OK
	Approved Amount:				Health & Wellbeing Apps	Health & Wellbeing Apps	\$0.00	OK
					Guest instructor or facilitator	No max	\$0.00	
					Room rental	No max	\$0.00	
					Educational workshop costs	No max	\$0.00	
						Total	\$0.00	
						Remaining HWIP:	\$0.00	
					From General Ledger Report in Workday- See example			
Receipt #	Invoice Date (DD/MM/YYYY)	Name of vendor	Description (select from drop down menu)	Invoice Amount	Ledger Account	Ledger Amount (translated debit amount )	Spend Category	Note
0	29/4/2025	Amazon	(e.g. Prizes/incentives, food, facilitator fee, etc.)	\$ 64.94	6300:Supplies and Sundries	\$ 63.00	Office Supplies	
1								
2								

## 2. Gather receipts/invoices

• Label each receipt clearly (e.g., Receipt #1, Receipt #2)

3. Ledger Report of Expense Items from Workday (in Excel coversheet)

# Ask your department's finance department or supervisor to download the Ledger Summary – Distributed Report entries for your HWIP claim only (this shows what was paid and when).

- a. The Ledger Summary Distributed report shows the summary of transactions (Actual Revenue and Expenditures) in Workday
- b. Only include ledger entries related to HWIP expenses in the sheet labelled '2. Ledger Summary'
- c. Ensure each receipt/invoice matches a line in the ledger report and coversheet. If Receipt #1 in the coversheet is for a guest facilitator, ensure the same appears as #1 in the Ledger summary sheet.

Receipt #	Journal	Journal Source	Accounting Date	Budget Date	Ledger Account	Fund	Cost Center	Driver Worktag	Translated Debit Amount
Receipt 0- example	Operational Journal: UBC The University of British Columbia - 2024-08-01	Expense Report	8/1/2024	29/4/2025	6300:Supplies and Sundries	FD000 General Purpose Operating	CC00000 Workplace Wellbeing   VP Human Resources	PM00000 Workplace Wellbeing   VP Human Resources	\$ 63.00
Receipt 1									
Receipt 2									
Receipt 3									
Receipt 4									
Receipt 5									

Submit your reimbursement package to <a href="mailto:ubc.ca">ubcempl-g-hwip@mail.ubc.ca</a>.

Your reimbursement may take 6 to 8 weeks to process, provided all required documents are submitted correctly.

• Your package should include:

Copies of all receipts/invoices

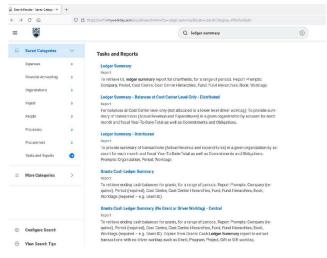
Completed coversheet

✓ Workday ledger report for all claims only

#### Appendix: How to pull ledgers from Workday

Reimbursement Guidelines : General Ledgers

Step 1: Search for Ledger Summary – Distributed Report



Step 2: Enter Worktags (Cost Center, Period, Program/Grant/Project/Gift/Gift Initiative/Activity)

i:	This report only allows to run by Fiscal Y ssues with the Carry Forward and Endir Summary - Distributed	Year (ending the month selected in the Period prompt) because any other Time Period may cause og Balance. For grant worktags, please use Grants Cash Ledger Summary or Grants Cash Ledger	
Organization *	× Cost Center: CC00713 Total Compensation   VP Human Resources	Ξ	
Period *	× FY2023 - May		
Worktags	× Program: PM002884 Healthy Workplace Initiative Fund   VP Human Resources	·=	
Filter Name Manage Filte			
35 Saved Filte	( Save )		

Step 3: Select any amount in blue (either for month or Year-To-Date Total)

rganization Cost Center OCC0713 Total Compe	nsation (VP Human Hesource	Worktags P	rogram: PM002884 H	ealthy Workplace init	bative Fund   VP Human R	esources			
eriod FY2023 - May									
itens			Actual Ex	pend tures					
edger Account		Beginning Balance	Apr	May	Year-To-Oste Total	Ending Balance	Commitments Balance to Date	Obligations Balance to Cate	
/appela		0.00	DICO	0.00	0.00	0.00	0.00	0.00	
Lisofities		0.00	0.00	0.00	0.00	0.00	CO.9	0.00	
2010 AP   Accruail Labilities		0.00	0.00	0.00	0.00	0.00	CO.0	0.00	
Gan y Forward	HOL								
Reserve		0.00	1.00	8.03	0.00	0.00	0.121	n fan	
4900: Recurring Functing		0.00	0.00	0.00	0.00	2.00	0.00	0.00	
Esperano		0.00	0.00	4,556.23	0.00	C.00	0.03	0.00	
6000.0upplies and Bundnies		0.00	0.00	4,556.23	C.00	C.00	CO.9	0.00	
Total Finvisions - Experites	0.00	0.00	0.50	(4,556.25)	C.00	0.00	0.00	00.0	
Propaid Expanses									C.08
Delance Aveilable								-	8.00

Step 4: Select either PDF or Excel to save a copy that can be downloaded.

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Journal	Journel Source	Accoursing Date	Bucget Date	Ledge: Account	Fund	Cost Center	Creat, GH, Project or Program	inansisted Debit Amount	Translated Operational Credit Transaction Amount	Supplier Credit Customer Card or Merchant Employee Name	Invoice Memo	Line Memo	Halerence b	Supplie Invoice Number
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To facilitate reimbursement, please match the ledger transactions to the receipts/invoices.