# WELL-BEING@WORK CHAMPION COMMITMENT

# CHAMPION ROLES AND RESPONSIBILITIES

Champions all approach their role and tasks differently. The following characteristics are commonly demonstrated by Champions and developed during their time as a Champion:

- Interested in promoting well-being
- Approachable by all levels of employees in your department
- **Organized** in handling multiple tasks
- Respected as a team player
- Influential and inclusive of all colleagues within the department

Being a Champion provides employees the chance to demonstrate their strengths and develop professionally. Champions are fully supported by the Well-Being Team at the San Francisco Health Service System (SFHSS).

## **EXPECTATIONS OF A CHAMPION**

#### **Time Commitment**

- 2-8 Hours/Month: Champions use a minimum of 2-8 work hours each month to support well-being in the workplace. These hours are generally able to be completed at times with minimal impact to business needs and priorities.
- 1-Year Commitment: Champion terms are for one year and may be renewed.

### Responsibilities

- Participate in Champion Trainings and Meetings: The SFHSS Well-Being Coordinators provide a variety of resources and support. Champions can expect monthly interactions with the Well-Being Coordinators in the form of phone meetings, in-person meetings, and periodic trainings (at the worksite or SFHSS Wellness Center and other offsite locations). Meetings and trainings are required for Champion and program success. A variety of efforts are made to make these opportunities as accessible to all Champions as possible. Time spent in these activities is included in the 2-8 hours/month time commitment.
- 2. Walk the Talk: Champions are expected to engage in well-being opportunities at the worksite.
- 3. **Communicate and Promote:** Champions spread the word about well-being initiatives and invite participation. They post flyers, send emails, talk with co-workers and make time during meetings to share information about well-being. Champions serve as a primary point of contact for SFHSS and the department head/designee on matters related to well-being.
- 4. **Celebrate and Recognize Participation:** Champions congratulate employees on making wellbeing a priority. They recognize and praise participation in programs.
- 5. **Report Back:** Champions will be asked to provide information in a variety of formats, for example: Well-Being@Work Awards, Spotlights, and surveys. This feedback is essential to SFHSS being able to improve Well-Being.

# WELL-BEING@WORK



# **CHAMPION COMMITMENT FORM**

	Champion	Manager/Supervisor	
Name			
Title			
Department			
Work Address			
Email Address			
Phone Number			

The Well-Being Champion role requires designated work time hours to effectively perform Champion responsibilities. How many hours of work time (on average) can you commit to each month?

2 - 3 hours $4 - 5$	hours $\Box 6 - 7$ hours	s 🗌 8+ hours
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The list below provides examples of Champion responsibilities. Place a check mark in the appropriate box to indicate your level of confidence:

	I am confident in my ability to perform this responsibility:	I may need support to perform this responsibility:
Send out Department emails to promote well-being initiatives		
Present well-being information at department meetings		
Host or co-host onsite well-being activities (i.e. seminars and screenings) by reserving rooms and greeting the presenter		
Provide feedback to SFHSS Well-Being for onsite activities (complete satisfaction surveys and track participation)		
Organize at-work group activities (ie. Meeting stretch break, recipe swap)		

What communication methods will you use to promote Well-Being@Work? (ie. Emails, department announcements at meetings, flyers)





Suggest 3 ideas that will support a culture of well-being in your department.

#### **CHAMPION COMMITMENT**

I agree to actively participate in the actions outlined under "Expectations of Champions" for at least one year, at which time I may have the opportunity to renew.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

#### MANAGER APPROVAL

As the employee's supervisor, I agree to support (INSERT EMPLOYEE NAME HERE) in his/her role as a Champion. I recognize this is a minimum commitment of 2-8 hours monthly and that it may involve periodic training at the San Francisco Health Service System, 1145 Market St., 1st Fl.

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email this form to Well-Being@sfgov.org