WORKSITE WELLNESS PROGRAM REQUEST
(A new request must be submitted each fiscal year and maintained by the supervisor.)

MSU Policy 3.350, Worksite Wellness Program
Eligible employees may be excused from duty for one 30-minute period per day for 3
days per workweek for the purpose of exercising. Exercise time must be used in 30-
minute increments only and may not be accrued. Exercise time may be used at any time
during the day and may be used in conjunction with lunch breaks. Functions of the
University take priority over the entitlement to exercise time. Scheduling of exercise
time must be approved in advance and is at the discretion of the employee’s direct
supervisor. Employees must submit monthly reports to their supervisors to document the
use of exercise time. Prior to any exercise routine, employees must complete the
Physical Fitness Readiness Questionnaire (which is retained by the employee) and the
Release of Liability form which is sent to the Student Wellness Center.

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE EMPLOYEE: (Please Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: _____________________________ Title: ________________</td>
</tr>
<tr>
<td>Department: ______________________ Supervisor: ____________________</td>
</tr>
</tbody>
</table>

Pursuant to MSU Policy #3.350, I hereby request to be excused from my duties for three
30-minute exercise periods per workweek as follows:

*Check X to indicate workdays when time will be used:*

<table>
<thead>
<tr>
<th>Days of Week:</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

*Indicate beginning time for 30 minutes of exercise:*

<table>
<thead>
<tr>
<th>Time per Day:</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

*Description of Planned Exercise Activity and Location:*

________________________________________________________________________

Employee’s Signature: _____________________________ Date: ________________

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY SUPERVISOR: Is employee eligible? ___ Yes ___ No</th>
</tr>
</thead>
</table>

*If yes, complete below:*

Approved as Requested: ____ Comments: __________________________________

Approved with Changes: ____ Comments: __________________________________

Approved with Exceptions due to University Priorities: ____ Comments: _________

________________________________________________________________________

Supervisor’s Signature: _____________________________ Date: ________________

(Original: Coordinator of Wellness Programs / Copy: (1) Supervisor (file) - (2) Employee (3) Payroll)