



**Worksite Wellness Program Request Form
OP 52.63**

A new request form must be submitted each fiscal year (September 1-August 31) and maintained by the supervisor.

Please review OP 52.63 for the full policy.

Eligible employees may be excused from work duties for one 30-minute exercise three days per week (Sunday-Saturday). Exercise time must only be used in 30-minute increments and may not be accrued for future leave time. Exercise time may be used during normal working hours and in conjunction with lunch breaks. Exercise time will not be counted toward hours worked for the earning of overtime under the Fair Labor Standards Act or State Compensatory Time and may not be carried over from one workday or workweek to another.

Worksite Wellness Request Process:

1. Complete the Worksite Wellness Program Request Form (supervisor must approve)
 - a. Once approved, please submit the Wellness Program Request Form and Wellness Program Waiver to the **Redwine Student Wellness Center**.
2. Complete the Wellness Program Waiver

TO BE COMPLETED BY THE EMPLOYEE: PLEASE PRINT OR TYPE

Employee Name: _____ **Title:** _____

Department: _____ **Supervisor:** _____

According to OP 52.63, I hereby request to be excused from my work duties for three 30-minute exercise periods per workweek as follows: (initial on the requested days)

Days of the Week: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Indicate the beginning/start time for each 30-minutes of exercise:

Time of the Day: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Description of planned exercise:

Location of planned exercise:

Employee's Signature: _____ **Date:** _____

TO BE COMPLETED BY THE SUPERVISOR

Is the employee's request for worksite wellness approved? YES _____ NO _____

If YES, sign and date below.

If NO, explain below why the employee's request for worksite wellness is not approved, sign and date. Then, submit this form to Human Resources for review.

Supervisor's Signature: _____ **Date:** _____

Wellness Program Waiver

Please initial next to all statements below, and complete the personal information and signature at the bottom.

The undersigned desires to participate in physical activity programs voluntarily and use the facilities and equipment provided by Midwestern State University through the Department of Recreational Sports/Wellness Center for personal fitness. In consideration of the right and privilege of being permitted to participate in these programs and have access to and use the said facilities and equipment, the:

_____ Undersigned does hereby agree to the conditions set forth herein and acknowledges that the voluntary participation in the aforementioned programs and/or access to and use of the facilities and equipment is not a condition of employment, is not related to their employment and therefore; the undersigned’s participation in the aforesaid programs and/or use of facilities and equipment, should any injury occur, will not be covered by worker’s compensation.

_____ Undersigned acknowledges they are fully aware that there are risks for specific individuals participating in activities involving physical exertion.

_____ Undersigned affirmatively acknowledges they have obtained independent medical approval or satisfactorily completed the Physical Fitness Readiness Questionnaire provided by Midwestern State University prior to participating in these programs and/or using these facilities or equipment for any activities involving physical exertion and has no knowledge of any physical condition or disease which would preclude their participation in these programs and/or use of these facilities or equipment.

_____ Undersigned specifically agrees to withdraw from the programs and/or discontinue use of these facilities and equipment should they become aware by any means whatsoever that participation is medically contraindicated.

_____ Undersigned agrees to notify the Redwine Student Wellness Center staff if they detect any hazards or defects in any of the facilities or equipment to which they are allowed access for these activities.

_____ Undersigned agrees to accept full responsibility for any injuries sustained while participating in a fitness program or using facilities and equipment made available for that purpose if they fail to meet these conditions described herein under which access to and use of the programs, facilities and/or equipment is being allowed.

In executing the foregoing, the undersigned acknowledges and affirms that they have carefully read the same and has obtained a satisfactory explanation of any part thereof that they do not understand.

Printed Name

Department

Phone

E-Mail Address

Participant’s Signature

Date