WORKSITE WELLNESS PROGRAM REQUEST

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

OP 52.63, 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.

TO BE COMPLETED BY THE EMPLOYEE: (Please Print or Type)

Employee: _____________________________ Title: _____________________________

Department: __________________________ Supervisor: __________________________

Pursuant to OP 52.63, 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:

Days of Week: Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___

Indicate beginning time for 30 minutes of exercise:

Time per Day: Sun ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____

Description of Planned Exercise Activity and Location:

____________________________________________________________

Employee’s Signature: _____________________________ Date: __________________

TO BE COMPLETED BY SUPERVISOR: Is employee eligible? ___ Yes ___ No
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)