

WORKSITE WELLNESS LEAVE PARTICIPATION REQUEST
(A new request and documentation must be submitted each year.)

OP 52.63, Worksite Wellness Program

Eligible employees may be granted eight hours of additional leave time to be used within a 12 month period. Wellness Leave must be used as one eight-hour increment. It does not accrue and is not paid upon separation from MSU. Employees wishing to participate must provide proof to the Coordinator of Wellness Programs of a physical examination by a health care provider within the last 90 days. Use of Wellness Leave must be scheduled in advance with the approval of the employee's supervisor. Functions of the University take priority in scheduling leave. Recordkeeping will be handled by the Wellness Center and Payroll. Wellness Leave is recorded on the staff employee's timesheet in the "Emergency-Off Duty Hours" column with "Wellness Leave" notated. Part-time staff will receive prorated leave hours.

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

Employee: _____ Title: _____

Department: _____ Supervisor: _____

Pursuant to OP 52.63, I hereby request to be granted eight hours of Wellness Leave. I understand that the leave must be used with the approval and prior knowledge of my supervisor and must be used as one 8-hour increment or a prorated number of hours for eligible part-time staff.

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY COORDINATOR OF WELLNESS PROGRAMS:

Is employee eligible? ___ Yes ___ No (If no, return form to employee)
If yes, complete below:

I certify that the employee has completed the Health Risk Assessment and provided documentation of a physical examination by a health care provider within the last 90 days.

_____ Hours of Wellness Leave is granted effective _____
(Leave must be used within 12 months from this date or will be forfeited.)

Signature: Coordinator of Wellness Programs Date: _____

(Original: Wellness Center / Copy: (1) Payroll - (2) Supervisor - (3) Employee)