SFA Wellness Release Time Approval Form

Stephen F. Austin State University Wellness Release Time provides full-time, benefits-eligible employees 30 minutes of release time during normal work hours up to three (3) times a week for participation in physical exercise and wellness activities offered in the Campus Recreation Center, the Employee Wellness Program, or walking on campus. To participate in Wellness Release Time, employees must complete the Wellness Release Time Approval Form, the Employee Wellness Participant Profile, including the Waiver of Liability and Hold Harmless Agreement in full. It is advised by Stephen F. Austin State University's Campus Recreation Department to consult with a physician before undertaking any physical activity program. The Approval Form must be approved in advance by the immediate supervisor. Wellness Release Time may not interfere with the workflow and operation of the employee's department. Supervisors reserve the right to change the time requested or decrease the amount of hours approved due to operational considerations.

INSTRUCTIONS:
Each fiscal year (no later than September 30) or when transferring to a new position, employees must submit a completed form to their immediate supervisors prior to participation in Wellness Release Time.

Specify the weekday(s) and time(s) of the wellness activities if required by one's supervisor. Any deviations from the approved schedule must be pre-approved.

Register for physical exercise and fitness activities, pay fees, and complete required forms. Normal fees for employee use of the Campus Recreation Center will apply and are the responsibility of the employee.

Supervisors should monitor employees' wellness usage and ensuring compliance. A supervisor may request to review records of an employee's utilization of the Campus Recreation Center and Employee Wellness Program to verify hours of participation.

EMPLOYEE INFORMATION:
Fiscal Year: _____

Weekday(s) and time(s) being requested: _____

I understand that participation in Wellness Release Time can be terminated by either the employee or supervisor at any time. I further understand that abuse of the privilege to participate in Wellness Release Time will subject me to revocation of the privilege, and my supervisor has the right to review records of my utilization of the Campus Recreation Center or Employee Wellness Program to verify my hours of participation.

Approved ☐ Denied ☐ Reason for Denial: _____

Employee Name: _____ CID: _____

Employee Signature: _____

Supervisor Name: _____ CID: _____

Supervisor Signature: _____

Once application is signed by employee and supervisor, please send original to Human Resources, PO Box 13039, SFA Station.