

WELLNESS RELEASE TIME APPLICATION



PURPOSE: The Texas A&M University-Corpus Christi Wellness Release Time program 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 fitness activities.

INSTRUCTIONS

Each academic year of participation, employees must submit a Wellness Release Time Request to their manager prior to participation in the Wellness Release Time program. Complete the form, acknowledge, sign and date. Submit approved requests to wellness@tamucc.edu or fax to (361) 825-2675.

Any deviations from the approved schedule must be approved by the employee's immediate supervisor.

TO BE COMPLETED BY THE EMPLOYEE

NAME OF EMPLOYEE (<i>First Middle Last</i>)	JOB TITLE	UIN
EMPLOYING DEPARTMENT	SUPERVISOR'S NAME	

Requested Work Release Time

DAY(S) OF THE WEEK	Monday	Tuesday	Wednesday	Thursday	Friday
BEGINNING TIME OF DAY	_____	_____	_____	_____	_____

EMPLOYEE ACKNOWLEDGEMENT

By signing this form, I certify and understand the following:

I have visited my physician for an annual health examination within the past year.

Participation in the wellness program must be in compliance with [University Procedure 31.02.13.C0.01](#) Wellness Release Time Program and can be terminated by either the employee or supervisor at any time.

Wellness Release Time is not considered work time for purposes of Workers' Compensation or overtime.

Injuries that may result during participation will not be treated as work-related injuries.

Abuse of the privilege to participate in the wellness release program will subject me to revocation of the privilege and/or disciplinary action.

Employee Signature

Date

DEPARTMENT REVIEW OF APPLICATION

Approved Denied for the following reason(s):

Immediate Supervisor Signature

Date

Dean / Department Head Signature

Date