

**UNIVERSITY OF HOUSTON-VICTORIA**

**Staff Fitness Release Time Application**

The University of Houston-Victoria guidelines for application for the Fitness Release Program to provide for time off without reduction in pay or benefits to a **maximum of three (3) hours per week**. This includes a combination of time off approved through the College Release Time. The application must be approved, in advance, and must not interfere with operations of the employing department. Only Full Time, Benefits Eligible Staff are eligible for the Fitness Release Time. Supervisor reserves the right to change time requested or to decrease the amount of time approved due to operational considerations.

Application Instructions: Complete the application form and submit it to your supervisor prior to any time off. After obtaining all signatures, submit this form to the Office of Human Resources.

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Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Empl Id: \_\_\_\_\_

Department Name: \_\_\_\_\_
=====

- Membership to a gym is not required.
- The honor system will be used to track hours based on the time you put down on this form.
- All participants must:
  - Document the number of hours on your timesheet.
  - Obtain proper signatures and return this completed and signed application to the Office of Human Resources for consideration to participate in the program.

**Please describe the type of activity that you plan to participate in. (Ex. Yoga, aerobics, walking, workout at gym, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please enter the amount of time requested per week.** \_\_\_\_\_

**Please enter the day(s) of the week requested.** \_\_\_\_\_

**Please enter the time of day requested to participate in program.** \_\_\_\_\_

Note: Any variations of these days and times must be approved by your supervisor. Likewise, there may be times when your supervisor may require that you vary your schedule in order to meet departmental needs.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cabinet Level Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date