



# Fitness Release Time Application

This application for the UHV Fitness Release Program provides for time off without reduction in pay or benefits for physical fitness activities for up to 30 minutes per day, 3 days per week, maximum 1.5 hours weekly. If also participating in the college study work release program, the total release time for both programs is limited to 3 hours per week.

Application Instructions: Complete the application form and submit it to your supervisor. After obtaining all signatures, submit this form to the Office of Human Resources Application approval is required in advance of participation.

- Only Full Time, Benefits Eligible Staff who have been employed for at least six months are eligible for Fitness Release.
- Release time is paid, does not have to be made up and cannot be accrued for future use
- Fitness Release time taken must be recorded on the employee’s timesheet
- The Supervisor has the right to change time requested or to decrease the amount of time due to operational considerations. If approved, the Supervisor has the right to request that an employee occasionally alter their schedule for departmental needs. Occasional variations of days or times requested by the employee must be approved by the supervisor.
- **Approved applications are valid through August 31<sup>st</sup>. of each year. Annual reapplication is required.**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. Please describe the type of fitness activity: (i.e. Yoga, aerobics, walking, workout at gym, etc.)

\_\_\_\_\_

2. Time requested per week (30 min./ day, 3 days/wk, max. 1.5 hours weekly): \_\_\_\_\_

3. Days of week requested: \_\_\_\_\_

4. Time of day requested: \_\_\_\_\_

5. Requested start date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Approved / Disapproved

Date: \_\_\_\_\_

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

Approved / Disapproved

Date: \_\_\_\_\_

Director HR/AA: \_\_\_\_\_

Approved / Disapproved

Date: \_\_\_\_\_

Comments: (If not approved, provide the reason here):

\_\_\_\_\_