

University of Houston-Downtown Fitness Release Time Application

In accordance with the State Employees Health Fitness and Education Act of 1983, the UHD Employee Wellness Program provides full-time, benefits-eligible staff a maximum of three (3) hours per week of Fitness Release Time (FRT) for participation in an exercise program or fitness activity offered in the UHD Student Life Center. Fitness Release Time cannot be requested in conjunction with the College Release Program (CRP) and, thus, staff may not exceed three hours per week for participating in FRT or CRP activities. The application must be approved in advance by the immediate supervisor and must not interfere with operations of the employee's department. Only full-time, benefits-eligible staff are eligible for Fitness Release Time. Supervisors reserve the right to change the time requested or decrease the amount of hours approved due to operational considerations.

Application Instructions:

1. Complete FRT Application form and submit it to your supervisor prior to participation in the FRT program. This form must be completed every semester.
2. Take approved form to the Student Life Center to officially register for Fitness Release Time.
3. After obtaining all signatures, complete The Challenge PAR-Q form, and sign the Assumption of Risk, Release, and Indemnification.
4. Submit a copy of FRT to Employment Services and Operations.
5. **You are encouraged to sign up for a fitness assessment in the Student Life Center before starting your program and at intervals throughout.**

A. EMPLOYEE INFORMATION

Employee Name: _____ Empl ID: _____ Ext: _____

Job Title: _____ Exempt Non-exempt

Department Name: _____

Supervisor's Name: _____ Ext: _____

Please describe the type of activity in which you plan to participate. (e.g. Yoga, aerobics, walking, weights, basketball, etc.)

Fall Spring Summer Year _____

Days/Times Requested: _____ Total Hours/Week Requested: _____

I understand that participation in this program can be terminated by either the employee or supervisor at any time. I also understand that I may not substitute the time requested under this program with anything other than a physical fitness activity in the UHD Student Life Center. I also understand that tracking of my physical fitness activity will be done in the Student Life Center and used to verify hours of involvement.

Employee Signature

Date

B. SUPERVISOR APPROVAL/DISAPPROVAL OF THREE HOURS/WK FITNESS RELEASE TIME:

- Approve**
- Disapprove** (Please complete the comments section below)

Supervisor Signature

Date

Comments: _____

C. SPORTS & FITNESS APPROVAL

Assistant Director for Sports & Fitness Signature

Date

- Faxed to employee**
- Timesheet created**
- Scanned and emailed to ESO**

D. ESO RECORDS

- Scan into employee's personnel file