

## Wellness Release Time Application

West Texas A&M University's WellWT Wellness Release Time program provides full-time, benefits-eligible employees 30 minutes during normal work hours up to three (3) times a week of release time for participation in physical exercise and fitness. 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 of participation, an employee must submit a completed application to their immediate supervisor prior to participation in the Wellness Release Time program.
- Specify the weekday(s) and time(s) of the wellness activities. Any deviations from the approved schedule must be pre-approved by employee's direct supervisor.
- If approved, submit the application to WTAMU Human Resources through interoffice mail or email to [wpitt@wtamu.edu](mailto:wpitt@wtamu.edu) which will then be kept for inclusion in your personnel file.
- Supervisors are responsible for monitoring employee's wellness usage and ensuring compliance.

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### ACKNOWLEDGEMENT:

I acknowledge that Wellness Release Time is not considered work time for purposes of Workers' Compensation benefits.

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

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### EMPLOYEE INFORMATION

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_

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

Employee UIN \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Weekday(s) and time(s) being requested: \_\_\_\_\_

*I understand that participation in the wellness program can be terminated by either the employee or supervisor at any time. I have read and am aware of important information as provided in the [Wellness Release Time Procedure](#) on [wtamu.edu/wellwt](http://wtamu.edu/wellwt) (On Campus Services #8). I further understand that abuse of the privilege to participate in the wellness release program will subject me to revocation of the privilege.*

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

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