

**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 30 minutes per day, three times per week up to 1.5 hours per week** of Fitness Release Time (FRT) for participation in an exercise program **or** fitness activity offered in the UHD Student Life Center or other physical fitness activities on campus (i.e. walking, stair climbing, etc.). Fitness Release Time cannot be requested in conjunction with the College Release Program (CRP).

Application Instructions:

1. Complete the FRT Application form and submit it to your supervisor **prior to** participation in the FRT program. This form must be completed every six months.
2. Email the FRT application form and the Physical Activity Readiness Questionnaire (PAR-Q) form to benefits@uhd.edu. If you answer "Yes" to one or more of the questions on the PAR-Q, you will need to submit medical clearance.
3. Request time off for FRT for each thirty (30) minute session via the Time Reporting and Absence (TRAM) system, using **CDV Fitness Release Time**.
4. If you elect to participate in other physical activities outside of the Student Life Center, you must submit proof that will verify the date and time. You can attach supporting documentation in TRAM.

EMPLOYEE INFORMATION

Employee Name: _____ Empl ID: _____ Ext: _____

Job Title: _____ Department: _____ Supervisor: _____

UHD Student Life Center Other physical fitness activities on campus. If so, please describe the other physical fitness activities on campus in which you plan to participate: _____

Proposed Start Date: _____ Dates/Times Requested: _____ Total Hours Requested: _____

I acknowledge that Fitness Release Time is NOT considered work time for Worker's Compensation benefits. I also understand that participation in this program is voluntary and can be terminated by either the employee or supervisor at any time. I understand that I may not substitute the time requested under this program with anything other than physical fitness activities and unused time cannot be banked and used at another time. I understand that failure to adhere to FRT guidelines may result in dismissal from the program and/or corrective action. Audits of all physical fitness activities may be conducted at any time.

Employee Signature

Date

APPROVALS

Supervisor Signature

Date

HR USE ONLY:

Approved Not Approved Notifications sent to employee/supervisor

Benefits Administrator

Date