



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 up to thirty (30) minutes, three times 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 one and a half hours per week for participating in FRT. 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 six months.
2. If approved, complete the Physical Activity Readiness Questionnaire (PAR-Q) Form and submit to Benefits Administrator in Employment Services and Operations.
3. If you answer "Yes" to one or more of the questions on the PAR-Q, you will need to submit medical clearance.
4. Request time off for FRT for each thirty (30) minute session via the Time Reporting and Absence Management (TRAM) system, using CDV Fitness Release Time.

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.):

Proposed Start Date: _____

Days/Times Requested: _____ Total Hours Requested: _____

I understand that: (1) if approved, approval is valid for six months from the approval date; (2) participation in this program can be terminated by either myself or my supervisor at any time; (3) I may not substitute the time requested under this program with anything other than a physical fitness activity in the UHD Student Life Center; (4) 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 1.5 HOURS/WK FITNESS RELEASE TIME

Approve

Disapprove (Please complete the comments section below.)

If approved, approval is valid for six months from the approval date.

Supervisor Signature:

Date

Comments: _____

C. ESO APPROVAL

Benefits Administrator

Date

Notice to Employee

Notice to Supervisor

Notice to Sports & Fitness

D. ESO RECORDS

Scan into employee's Benefits file