



## TWU Workplace Wellness Program Request

(A new request **must** be submitted each fiscal year and any time the employee wants to request a change in their established schedule. **The request form is maintained by the supervisor.**

### TWU Workplace Wellness Program

Eligible employees may be excused from duty for one 30-minute period per day for 3 days per workweek for the purpose of participating in a TWU sponsored wellness event or fitness activities on campus. TWU Wellness time may not be accrued. Functions of the university take priority over the entitlement to wellness time. Scheduling of wellness time must be approved in advance and is at the discretion of the employee's direct supervisor. Employees are required to report TWU Wellness leave on their monthly time sheet.

---

#### TO BE COMPLETED BY EMPLOYEE:

Employee: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Pursuant to TWU Policy 3.39, I hereby request to be excused from my duties for three 30-minute exercise periods per workweek as follows:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
DAYS OF WEEK							
TIME OF DAY							

I understand that approval for this program requires that I am a member of the TWU Fitness center, participating in fitness activities on campus, or participating in a TWU sponsored wellness program. I agree to report time used for the TWU Wellness program on my monthly timesheet.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

#### TO BE COMPLETED BY SUPERVISOR:

Is employee eligible?  Yes  No

If yes, complete below: Approved as Requested:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved with Changes:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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