

ALVIN COMMUNITY COLLEGE

REQUEST FOR WELLNESS RELEASE TIME

CONDITIONS OF PARTICIPATION:

- MUST BE A FULL TIME EMPLOYEE OF ALVIN COMMUNITY COLLEGE.
- MUST HAVE PRIOR APPROVAL FROM THE IMMEDIATE SUPERVISOR.

FALL / SPRING

- MUST ESTABLISH A SPECIFIC 90-MINUTE WEEKLY TIME SCHEDULE. THE SCHEDULE MAY NOT BE CHANGED DURING THE WEEK AND THE TIME CANNOT BE TRANSFERRED OR BANKED TO ANOTHER WEEK.
- ACTIVITIES MUST BE SCHEDULED IN TWO (2) 45-MINUTE OR THREE (3) 30-MINUTE PERIODS DURING THE WEEK.
- ACTIVITIES MAY NOT BE SCHEDULED DURING FACULTY OFFICE HOURS.

SUMMER

- MUST ESTABLISH A SPECIFIC 60-MINUTE WEEKLY TIME SCHEDULE. THE SCHEDULE MAY NOT BE CHANGED DURING THE WEEK AND THE TIME CANNOT BE TRANSFERRED OR BANKED TO ANOTHER WEEK.
- ACTIVITIES MUST BE SCHEDULED IN TWO (2) 30-MINUTE OR THREE (3) 20-MINUTE PERIODS DURING THE WEEK.
- ACTIVITIES MAY NOT BE SCHEDULED DURING FACULTY OFFICE HOURS.

EMPLOYEE AGREEMENT

EMPLOYEE NAME:

_____ [PLEASE PRINT]

I understand that release time to participate in this program is a benefit and it is to be used only for participation in wellness / physical activities.

If I am unable to continue my selected physical activities, I understand that I will no longer be eligible to take release time, and it will be my responsibility to notify my supervisor.

I also understand that if I abuse the privilege of using off-campus release time, I will relinquish the privilege. Such abuse will contribute to the possible permanent abandonment of this program for fellow employees.

I am requesting permission to utilize 90 minutes of Wellness Release Time. My wellness program will consist of:

PROGRAM / CLASS / ACTIVITY:

DAY: _____ **TIME:** _____ **RELEASE TIME:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

APPROVAL:

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Completed forms are to be maintained by the department