

Fitness Release Time Application

In accordance with the State Employees Health Fitness and Education Act of 1983, the University of Houston has established a Fitness Release Time Policy (FRT) to provide full-time, benefits-eligible employees who have been with the University for a minimum of 3 months, from date of hire, up to thirty (30) minutes, three times per week of Fitness Release Time to participate in an approved on-campus physical fitness activity.

Fitness Release Time may not exceed one and a half hours per week. The application must be approved in advance by the immediate supervisor and must not interfere with operations of the employee's department. Supervisors reserve the right to change the time requested or decrease or resend the total amount of hours approved due to operational considerations.

Application Instructions:

1. Complete the FRT Application form and submit it to your supervisor prior to submitting it to HR for review.
2. If approved, complete the Physical Activity Readiness Questionnaire (PAR-Q) Form. Then submit both forms to the Wellness Manager in Human Resources. Please be sure that all information including names and email addresses are legible.

Note: If you answer "Yes" to one or more of the questions on the PAR-Q, you will need to obtain and submit a **Medical Clearance Form** from your doctor before participating in an exercise program.

3. Once FRT is approved, request time off for FRT for each thirty (30) minute session via the Time Reporting and Absence Management (TRAM) system, using code 083 for biweekly and 082 for monthly.

EMPLOYEE INFORMATION - PLEASE PRINT

Employee Name: _____ Emp. ID: _____ Ext: _____

Email: _____ Exempt Non-exempt

Department Name: _____

Supervisor's Name: _____ Ext: _____

Email: _____

Please describe the type of activity in which you will be participating. (e.g. walking, aerobics, working out, etc.)

Primary Activity: _____ Alternative Activity: _____

Application Year: _____

Days/Times Requested: _____

Total Time Requested Per Week: _____

I understand that only full-time, benefits-eligible staff who have been with the University for a minimum of 3 months from date of hire are eligible for Fitness Release Time. Furthermore, I understand that participation in this program is voluntary and can be terminated by either the employee or supervisor at any time. I also understand that I may not substitute the time requested under this program with anything other than a physical fitness activity requested and approved through UH's Employee Wellness program. Additionally, I understand that tracking of my physical fitness activity time will be done by me via the TRAM System and used to verify hours of involvement. I understand that failure to adhere to policy guidelines may result in corrective action up to and including termination of employment.

Employee Signature: _____ Date: _____

SUPERVISOR APPROVAL / DISAPPROVAL OF EMPLOYEE FITNESS RELEASE TIME

Approve

Disapprove (Please provide any comments below.)

Supervisor Signature: _____ Date: _____

Comments: _____

