

FLEX TIME WELLNESS OR EDUCATION AGREEMENT

NAME

DEPARTMENT

I hereby request Flex Time for Wellness/Fitness or Education participation.

I understand that the primary target time for such activity is lunch/break minutes plus thirty (30) minutes twice per week, which will allow time for participation in a fitness/wellness activity, **or** an educational class, changing of clothes, perhaps a quick lunch, and return to work. (In lieu of the above arrangement, other arrangements may be made that will permit the employee to participate in fitness/wellness activity **or** educational class, with a **total** of sixty (60) minutes or less per week, beyond lunch/break minutes, sometime within the work week. One example: Under special circumstances and with supervisor approval, one may work through the lunch period and break periods and request an alternate ninety (90) minutes time period twice per week to participate in the wellness/fitness activity or an educational class. Another example: if one works from 8:00 am to 4:00 pm and if an aerobics class or educational class is offered at 4:00 pm, then one may request early dismissal, such as 3:30 pm or 3:45 pm for two days of the week.)

All arrangements for the use of this benefit must be approved by the supervisor.

I understand that, if approved by my supervisor, this additional thirty (30) minute period twice per week is to be used only for wellness/fitness activities **or** educational classes, which may occur either on or off campus. Such fitness/wellness activities will include, but not be limited to, the following: walking, aerobics, nautilus, weights, swimming, running, etc. I further understand that this time is not to be used for personal errands or to extend lunch periods, etc., but only for approved wellness/fitness activities or educational classes.

I understand that abuse of this flex time policy will result in cancellation of this agreement.

I understand that I must choose either a Wellness activity **or** an Educational class at one time.

SPECIFIC ACTIVITY / TIMES REQUESTED: _____

TIME PERIOD (START / END DATES) OF ACTIVITY: _____

Signature of Staff

Date

Signature of Supervisor

Date

Signature of President

Date

White Copy: Personnel
Yellow Copy: Supervisor
Pink copy: Staff Member