

**MEREDITH COLLEGE  
APPLICATION FOR WELLNESS RELEASE TIME**

**Name of Applicant:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Academic Semester Requested (select one):**    \_\_\_ Fall    \_\_\_ Spring    \_\_\_ Summer    20\_\_\_

**Times Requested: Days of Week** \_\_\_\_\_ **Time(s)** \_\_\_\_\_

**Program Plan: Describe the wellness / fitness activities you plan to participate in during this time.**

**APPLICANT'S ACKNOWLEDGMENT OF UNDERSTANDING**

I acknowledge that I understand that release time benefits are available to all regular, full-time employees after completion of the introductory period of employment and with the approval of the employee's immediate supervisor. I understand that actual time taken is up to the discretion of my supervisor so as not to disrupt regular work flow and that my supervisor may request verification of my participation in said activities.

Furthermore, I understand that when I use this time to participate in wellness, these activities must occur on the Meredith campus. I understand that the time must be used in increments of no more than 30 minutes per day and may not be accrued over the course of the week.

Wellness release time is the equivalent of taking one academic course under the Tuition Remission program. I understand that by requesting Wellness release time, I am not eligible for additional release time to take a course during normal work hours.

I understand that I am responsible for tracking all release time on my timecard under the "other hours" section of the card. These hours are paid at straight time only and are not included in determining overtime.

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

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**SUPERVISOR APPROVAL FOR RELEASE TIME**

I approve this request for Wellness Release Time for the periods stated.

**Supervisor's Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**NOTICE OF APPROVAL**

Your application for Wellness Release Time has been approved. You may begin the scheduled activities as stated.

**Director of Human Resources' Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_