



Released Wellness Time Supervisor/Employee Agreement

Weber State University

Released Wellness Time PPM 3-68

I have read and understand the institutional guidelines concerning Released Wellness Time.

I have read the list of approved activities and will participate only in these activities, or otherwise gain appropriate approval as stated in the policy guidelines.

I understand I must complete this application process annually.

I understand that my Released Wellness Time can be terminated based on a violation of PPM 3-68 or a violation of this signed agreement. My Released Wellness Time can also be placed on hold by my supervisor due to an influx in work volume.

Exercise Schedule

This policy allows for employees to use up to three hours on a weekly basis for wellness-related activities. The days and times in which the undersigned employee plans to utilize Released Wellness Time:

Monday		Time	
Tuesday		Time	
Wednesday		Time	
Thursday		Time	
Friday		Time	

Employee will document time via: (please select one)

___ Google Calendar

___ Other: _____

By signing, I certify that I understand and agree to the terms and condition of PPM 3-68 and as it applies to my individual department needs.

Employee's Signature

Date

Supervisor's Signature

Date