



## Fitness Release Time Acknowledgement

The UHCL Fitness Release Time (FRT) Program provides regular full-time, benefits-eligible employees who have completed 6 months of service, a maximum of 30 minutes per day, three times a week up to 1.5 hours per week for participation in exercise and physical fitness activities. The Acknowledgment form must be completed every fall and spring semester. Spring approval covers the summer.

**Supervisor Information:**

- Supervisors reserve the right to change, decrease, or cancel the time requested due to operational considerations.
- Supervisors are responsible for monitoring compliance with the program and the employees' usage.
- The requesting employees' work style and performance history should be considered when determining if approval is appropriate.
- Office coverage should also be considered a priority when approving requested days and times.

**Instructions for Employee:**

- Complete the employee information section and submit it to your supervisor for approval prior to submitting the form to Human Resources.
- Email completed form to [humanresources@uhcl.edu](mailto:humanresources@uhcl.edu). Incomplete forms will not be accepted.
- Once your participation in the program is approved, request time off for FRT for each 30-minute session via the TRAM system.

**Employee Information:**

Academic Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Semester: \_\_\_\_\_

Weekdays and times being requested: \_\_\_\_\_

Total minutes/hours per week: \_\_\_\_\_

I acknowledge that Fitness Release Time is NOT considered work time for Worker's Compensation benefits. I also understand that participation in this program is voluntary and can be terminated by either the employee or supervisor at any time. I understand that I may not substitute the time requested under this program with anything other than physical fitness activities and unused time cannot be banked and used at another time. I understand that failure to adhere to FRT guidelines may result in dismissal from the program and/or corrective action.

Employee Printed Name

Employee Signature

Date

**Approvals**

Supervisor Printed Name

Supervisor Signature

Date

HUMAN RESOURCES USE ONLY:

Approved

Not Approved

Notice Sent to Employee/Supervisor