UNIVERSITY OF HOUSTON-CLEAR LAKE
Staff Fitness Release Time Application

University guidelines for application for the Fitness Release Time program provide for time off without a reduction in pay or benefits to a **maximum of 30 minutes a day, three (3) days per week.** The maximum "release time" allowed is 3 hours per week if FRT is combined with College Release Time, ESL or GED classes. FRT still shall not exceed 30 minutes a day up to 1.5 hours a week. The application must be approved in advance and must not interfere with operations of the employing department and may be suspended or eliminated during peak operational times. Only Full-time, Benefits Eligible, Staff are eligible for Fitness Release Time. Supervisor reserves the right to change time requested or to decrease the amount of time approved due to operational considerations.

Application Instructions: Complete the application form and submit it to your supervisor prior to any time off. Take the approved form with you to Student Life to pay fees and to Campus Recreation for signature. After obtaining all signatures, submit this form (with a copy of your fee receipt) to the Office of Human Resources. **You are encouraged to do a pre-assessment with Campus Recreation before starting your program and at intervals throughout**.

Employee Name: _____FTE: _____

Job Title: _____ Empl Id: _____

Department Name: _____Mail code: ___

Please check the appropriate box.

 I am a paid member of Campus Recreation.
  ☐ **Fall** ☐ **Spring** ☐ **Summer** ☐ **Yearly (Aug-Aug : Jan-Jan) (circle one)**
 I am not a member of Campus Recreation but have paid $15.00 per semester ($45.00 per year) to participate in the program.
  ☐ **Fall** ☐ **Spring** ☐ **Summer** ☐ **Yearly (Aug-Aug : Jan-Jan) (circle one)**
 I have a membership to another facility that is paid from _____to _____

Please describe the type of activity that you plan to participate in. (e.g. Yoga, aerobics, walking, etc.)
_____
_____

Please enter the amount of time requested per week not to exceed 1.5 hours. _____
Please enter the day(s) of the week requested. _____
Please enter the time of day requested. _____

_____ _____
Employee Signature   **Date**

_____ _____
Supervisor Signature   **Date**

_____ _____
Campus Recreation Signature   **Date**

Form Revised: 01/2015