

Wellness Release Time Acknowledgement

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact engineeringhr@tamu.edu or (979) 458-7699.

Instructions: This form is provided to employees of the Texas A&M Engineering Experiment Station (TEES) and the Texas A&M College of Engineering who wish to participate in Wellness Release confirming they have been notified about important information as required by System Regulation Wellness Programs 31.02.13 and contained in TEES SAP 31.02.13.E0.01 Wellness Release Time.

Supervisors must consider the impact of each WRT request and anticipate the impact if approval would place an unreasonable burden on the member's ability to provide services of acceptable quality and quantity during the time requested. A well-communicated, consistent and structured WRT will help to alleviate conflicts and potential workload disruptions. Supervisors and employees should utilize the acknowledgement form to document the cooperative understanding that the release time activities are consistent with "exercise" and "physical fitness activities" and that consideration has been afforded to the impact on the services provided by the division and adjustments as necessary within the structured plan.

Employee Name

Use this space to outline times and days of week designated as WRT. May not exceed 30 minutes, 3 times per week:

I acknowledge Wellness Release Time is not considered work time for purposes of Workers' Compensation. Injuries that may result during participation will not be treated as work-related injuries.

Employee Signature

Date

Supervisor Signature

Date

Engineering Human Resources
engineeringhr@tamu.edu

Retain in employee's official personnel file.