UNIVERSITY of HOUSTON

HUMAN RESOURCES

Fitness Release Time Application

In accordance with the State Employees Health Fitness and Education Act of 1983, the University of Houston has established a new Interim Fitness Release Time Policy (FRT) to provide full-time, benefits-eligible employees who have been with the University for a minimum of 3 months, from date of hire, up to thirty (30) minutes, three times per week of Fitness Release Time to participate in an approved on-campus physical fitness activity.

Fitness Release Time cannot be requested in conjunction with the College Release Program. Thus, staff may not exceed one and a half hours per week of FRT. The application must be approved in advance by the immediate supervisor and must not interfere with operations of the employee's department. Supervisors reserve the right to change the time requested or decrease or resend the total amount of hours approved due to operational considerations.

Application Instructions:

1. Complete the FRT Application form and submit it to your supervisor prior to participation in the FRT program. This form must be completed every spring and fall semester.
2. If approved, complete the Physical Activity Readiness Questionnaire (PAR-Q) Form and submit it to the Wellness Manager in Human Resources.
3. If you answer "Yes" to one or more of the questions on the PAR-Q, you will need to obtain and submit **Medical Clearance** from your doctor before participating in an exercise program.
4. Once FRT is approved, request time off for FRT for each thirty (30) minute session via the Time Reporting and Absence Management (TRAM) system, using code 083 for biweekly and 082 for monthly.

EMPLOYEE INFORMATION

Employee Name: _____ Emp. ID: _____ Ext: _____

Email _____

Job Title: _____ Exempt: ☐ Non-exempt: ☐

Department Name: _____

Supervisor's Name: _____ Ext: _____

Please describe the type of activity in which you will be participating. (e.g. walking, aerobics, working out, etc.)

Primary Activity _____ Alternative Activity _____

Spring ☐ Fall ☐ Year _____

Days/Times Requested: _____

Total Hours Requested: _____

I understand that only full-time, benefits-eligible staff who have been with the University for a minimum of 3 months from date of hire are eligible for Fitness Release Time. Furthermore, I understand that participation in this program is voluntary and can be terminated by either the employee or supervisor at any time. I also understand that I may not substitute the time requested under this program with anything other than a physical fitness activity requested and approved through UH's Employee Wellness program. Additionally, I understand that tracking of my physical fitness activity time will be done by me via the TRAM System and used to verify hours of involvement. I understand that failure to adhere to policy guidelines may result in corrective action up to and including termination of employment.

Employee Signature: _____ Date _____

(Print form, obtain all written signatures and complete, scan and submit to HR via POWERUP@UH.EDU)

SUPERVISOR APPROVAL/DISAPPROVAL OF ONE AND A HALF HOUR/WK FITNESS RELEASE TIME

☐ Approve

☐ Disapprove (Please complete the comments section below.)

Supervisor Signature: _____ Date _____

(Print form, obtain all written signatures and complete, scan and submit to HR via POWERUP@UH.EDU)

Supervisor's Email_____

Comments:_____

_____

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FOR OFFICE USE ONLY

HUMAN RESOURCES APPROVAL

Wellness Manager_____ Date _____

Notes:_____

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☐ Notice to Employee ☐ Notice to Supervisor

HUMAN RESOURCES RECORDS

☐ Scan into employee's benefits file