

**University of Houston-Downtown  
Fitness Release Time Application**

In accordance with the State Employees Health Fitness and Education Act of 1983, the UHD Employee Wellness Program provides full-time, benefits-eligible staff up to thirty (30) minutes, three times per week, of Fitness Release Time (FRT) for participation in an exercise program or fitness activity offered in the UHD Student Life Center or other physical fitness activities on campus (i.e. walking, stair climbing, etc.). Fitness Release Time cannot be requested in conjunction with the College Release Program (CRP) and, thus, staff may not exceed one and a half hours per week for participating in FRT. The application must be approved in advance by the immediate supervisor and must not interfere with operations of the employee's department. Only full-time, benefits-eligible staff are eligible for Fitness Release Time. Supervisors reserve the right to change the time requested or decrease the amount of hours approved due to operational considerations.

Application Instructions:

1. Complete FRT Application form and submit it to your supervisor prior to participation in the FRT program. This form must be completed every six months.
2. If approved, complete the Physical Activity Readiness Questionnaire (PAR-Q) Form and submit to Benefits Administrator in Employment Services and Operations.
3. If you answer "Yes" to one or more of the questions on the PAR-Q, you will need to submit medical clearance.
4. Request time off for FRT for each thirty (30) minute session via the Time Reporting and Absence Management (TRAM) system, using CDV Fitness Release Time.
5. If you elect to participate in other physical activities outside of the student life center, you must submit proof that will verify date and time. You can attach supporting documentation in TRAM.

**A. EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_ Ext: \_\_\_\_\_

Job Title: \_\_\_\_\_  Exempt  Non-exempt

Department Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Ext: \_\_\_\_\_

UHD Student Life Center  Other physical fitness activities on campus

If you elected 'Other physical fitness activities on campus', please describe the type of activity in which you plan to participate:

\_\_\_\_\_  
\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Days/Times Requested: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

I understand that: (1) if approved, approval is valid for six months from the approval date; (2) participation in this program can be terminated by either myself or my supervisor at any time; (3) audits of all physical fitness activity may be conducted at any time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**B. SUPERVISOR APPROVAL/DISAPPROVAL OF 1.5 HOURS/WK FITNESS RELEASE TIME**

Approve

Disapprove (Please complete the comments section below.)

If approved, approval is valid for six months from the approval date.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. ESO APPROVAL**

\_\_\_\_\_  
Benefits Administrator

\_\_\_\_\_  
Date

Notice to Employee

Notice to Supervisor

**D. ESO RECORDS**

Scan into employee's Benefits file