



## 31.02.13.D0.01 Wellness Release Time

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Revised: February 20, 2017  
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September 11, 2019  
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### Procedure Summary

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The Texas A&M University-Central Texas (A&M-Central Texas) Wellness Release Time program is designed to enhance the well-being of employees. It is a voluntary program consisting of on and off campus wellness activities.

The objective of the Wellness Program is to provide a supportive environment that encourages employees to adopt healthy behaviors and positive lifestyle changes, improve job performance, increase work satisfaction, and reduce health care/insurance costs. Employees are eligible to participate in this program after three (3) months of employment.

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### Procedures

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#### 1. GENERAL

- 1.1 The Wellness Release Time program provides full-time or part-time, benefits-eligible employees 30 minutes (during normal work hours up to three (3) times a week) of release time for participation in wellness activities.
- 1.2 Employees participating in the Wellness Release Time program must attest in their request that they have had a physical exam within the past 12 months.
- 1.3 Wellness Release Time is paid time which does not have to be made up, cannot be accrued, and does not need to be documented on timesheets.
- 1.4 Each fiscal year of participation, employees must secure approval from their immediate supervisor and their respective Dean/Department Head prior to using Wellness Release Time.
- 1.5 Immediate supervisors and Deans/Department Heads are expected to make reasonable efforts to accommodate requests for participation in the Wellness Release Time program. Participation may be disapproved for cause if the operation of the department will be negatively impacted by the absence. If an application is denied, the supervisor or Dean/Department Head must indicate the reason(s) for denial.

- 1.5 Employees participating in the Wellness Release Time program are ineligible to participate in the Educational Release Program or any other program that allows an employee additional time away from work during the work day/schedule.
- 1.6 The supervisor is responsible for monitoring compliance with the release time program procedure and may request verification of hours where available. If the approved request results in a modified work schedule, compliance with SAP 33.06.01.D0.01 Alternate Work Schedules for Nonfaculty Employees is required. An Alternate Work Schedule form will need to be submitted and approved by the supervisor and Department Head if employees wants to change their work schedule at least three times a week to allow for wellness activities within the scope of the procedure.
- 1.7 Abuse of the privilege to participate in the Wellness Release Time program will subject the employee to revocation of the privilege and/or disciplinary action.

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## **Related Statutes, Policies, or Requirements**

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University Procedure [33.06.01.D0.01 Alternate Work Schedules for Nonfaculty Employees](#)

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## **Appendix**

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- Wellness Release Time Application
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## **Contact Office**

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Office of Human Resources  
254-519-8016

## Wellness Release Time Application

The Texas A&M University - Central Texas Wellness Release Time program provides full-time, benefits-eligible employees 30 minutes during normal work hours up to three (3) times a week of release time for participation in wellness activities. Wellness Release Time may not interfere with the operation of the employee's department. Supervisors reserve the right to change the time requested or decrease the number of hours approved due to business needs.

### INSTRUCTIONS:

- Each fiscal year of participation, employees must submit a completed application to their immediate supervisors prior to participation in the Wellness Release Time program.
- Specify the weekday(s) and time(s) of the wellness activities. Any deviations from the approved schedule must be pre-approved by the employee's immediate supervisor.
- If approved, submit the application to the Wellness Coordinator in the Office of Human Resources via campus mail, email to [hr@tamuct.edu](mailto:hr@tamuct.edu) or fax to (254) 519-8011.
- Supervisors are responsible for monitoring employees' compliance with the Release Time Program procedures.

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

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

Weekday(s) and time(s) being requested: \_\_\_\_\_

### ACKNOWLEDGEMENTS

- I certify that I have visited my physician for an annual health examination within the past year.
- I understand that participation in the wellness program can be terminated by either the employee or the supervisor at any time.
- I further understand that abuse of the privilege to participate in the wellness release program will subject me to revocation of the privilege, and my supervisor to review and verify my hours of participation in the employee wellness release program.
- I acknowledge that wellness release time is **not** considered work time for purposes of Worker's Compensation benefits.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

If denied, provide reason: \_\_\_\_\_

Supervisor: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_