



Prairie View A&M University Wellness Release Time (WRT) Application

The PVAMU Wellness Release Time (WRT) Program provides full-time, benefits-eligible employees 30 minutes during normal work hours up to 3 times a week of release time for participation in exercise and physical fitness activities. The WRT Application must be approved in advance by the immediate supervisor, and may not interfere with the workflow and operation of the employee's department. Supervisors reserve the right to change the time requested or decrease the amount of hours approved due to operational considerations. 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.

INSTRUCTIONS:

- Each academic year of participation (starting September 1st), submit a completed WRT Application to your immediate supervisor prior to participation in the WRT Program.
- The WRT Application must specify the weekday(s) and time(s) of the WRT activities; and when feasible, should be taken in conjunction with the start or end of the work day or an addition to the lunch break. Any deviations from the approved schedule must be approved in advance by the immediate supervisor.
- If approved, submit original WRT Application to the Office of Human Resources.
- Supervisors are responsible for monitoring compliance with the WRT Program guidelines and the employee's usage of WRT. A supervisor may request to review records of the employee's participation in exercise and physical fitness activities.

ACKNOWLEDGEMENT:

I acknowledge that WRT is **NOT** considered work time for purposes of Worker's Compensation benefits.

X _____

SIGNATURE – Employee

Date

EMPLOYEE INFORMATION:

Employee's Name: _____ PVAMU Email: _____ Ext: _____

Department: _____ Job Title: _____

Employee UIN: _____

Supervisor's Name: _____ Ext: _____

Academic Year: _____

Weekday(s) and time(s) being requested: _____

Total hours per week being requested: _____

Activity attending: _____

I understand that participation in the WRT program can be terminated by either the employee or supervisor at any time. I further understand that abuse of the privilege to participate in the WRT Program will subject me to revocation of the privilege and/or disciplinary action; and that my supervisor has the right to review records of my participation in exercise and physical fitness activities.

X _____

SIGNATURE – Employee

Date

☐ Approved

☐ Not Approved for the following reason(s):

(Must be provided by immediate supervisor).

X _____

SIGNATURE – Immediate Supervisor

Date