

WEBER STATE UNIVERSITY	Institutional Guideline Draft <i>Wellness Time Application</i>	15 March 2006
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Wellness Time Application

I have read and understand the institutional guidelines concerning Wellness Time.

I have read and understand any additional departmental guidelines which may exist.

I have read the list of approved activities and will participate only in these activities, or otherwise gain appropriate approval as stated in the guidelines.

I have successfully completed *all* of the following requirements:

- completed a wellness assessment within the past twelve months
- signed the wellness time consent/waiver form within the past twelve months
- scheduled wellness time & selected intended activities with my supervisor
- established a record keeping system to log my wellness time participation

I understand I must complete this application and necessary requirements annually.

I understand I may have the privilege of wellness time suspended if I do not abide by the stated guidelines.

Employee's Name Printed

Employee's Signature

Date

Supervisor's Name Printed

Supervisor's Signature

Date

Department and employee should both retain a copy of this document.