

WELLNESS BENEFIT POLICY

Policies and Procedures: F-I-c

Benefit:

As a benefit to regular, full-time, benefits-eligible employees who work 40 hours per week, MCC allows 90 minutes per work week to be used for physical activity targeted for the employee's improved health. Those employees who are not regularly scheduled to work 40 hours per week are not authorized to use any of the 90 minutes (i.e., not proportionate to the scheduled work time.) Eligible employees requesting wellness time must complete and have the immediate supervisor's signature on an Employee Wellness Request Form. This form must be completed each Fall, Spring, and Summer and is only valid for September-December; January-May; or June-August.

Guidelines for Use of Wellness 90-minutes:

There are some basic guidelines for use of the Wellness benefit work-release time but these should not be considered to be all-inclusive. If a supervisor has a question about requested use of the 90 minutes, he/she may contact Human Resources for guidance.

1. Wellness time is for physical activity of the employee, which occurs during that employee's regularly scheduled work hours.
2. As examples, wellness time may not be used to take care of personal business, to go to medical appointments, to commute, to watch sports events, to listen to wellness programs or to participate in golf tournaments.
3. Wellness time cannot be "saved" but must be used on a weekly basis. Wellness time cannot be accrued and used in subsequent weeks.
4. Misuse of wellness time or using wellness time for anything other than what is approved on the Employee Wellness Request Form may be grounds for discipline up to and including termination.

McLennan Community College
Employee Wellness Request Form
 Wellness is available only to employees who work 40 hours per week.

Instructions:

1. Completely fill out the form. Be sure to include your name, MCC ID number and department. List the specific wellness activity/activities in which you wish to participate, listing the specific time of the activity and day of the week.
2. Include any remarks.
3. Sign the form, have your immediate supervisor sign the form, and be sure to make a copy for your records.
4. Return the form to Human Resources.

Employee:		MCC ID Number:	
Department:			

I am requesting permission to participate in the following wellness activity. I understand that there may be times when I cannot leave my work station.

<u>Wellness Activity & Location</u> Example – Weightlifting CE course (CSC A231); walking 15 laps of MCC track, participating at a health club such as WRS or Curves	<u>Time(s) of Activity</u> Example – 2:30-3:00 p.m. Either during, immediately preceding or following work but no more than 90 minutes per week	<u>Day(s) of Activity</u> Example – Every Tuesday & Wednesday during the Fall 2003 semester

Remarks:

By my signature, I hereby affirm to McLennan Community College that the statements I have made on this form are true; and if any statement is discovered to be untrue, I may be disciplined up to and including termination of employment.

Signatures:

Employee

Supervisor