

**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.

<b>Employee:</b>	<b>MCC ID Number:</b>
<b>Department:</b>	

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