



Appendix A: Taking Charge of Fitness Release Time Application

Instructions:

- Employees must submit a completed application to their immediate supervisor prior to participation in the Taking Charge of Fitness Time program.
- Specify the weekday(s) and time(s) of the well-being activities. Any deviations from the approved schedule must be pre-approved by the employee’s immediate supervisor.

Employee Information

Employee’s Name: _____

Department: _____ Job Title: _____

Supervisor’s Name: _____

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

I understand that participation in the well-being program can be terminated by either the employee or supervisor at any time. I hereby certify that I shall adhere to the Taking Charge of Fitness Time policy provided to me upon agreeing to participate in the release time option offered by Georgia Highlands College. I will use the release time in a constructive manner to fit the policy established by Georgia Highlands College. The release time is devoted to wellness activities, including but not limited to, exercising at a preferred facility (on or off campus), campus recreation classes, GHC wellness programs, and walking groups.

I further understand that the abuse of the privilege to participate in the Taking Charge of Fitness Time program will subject me to revocation of the privilege. I certify that my physician is aware of participation in the GHC well-being activities and I assume all risk and responsibility for any injuries sustained by participation in the program.

Employee Signature Date

Supervisor Signature Date

_____ Application approved _____ Application denied

Reason for denial:
