



## Wellness Release Time Acknowledgement

**Privacy Notice:** State law requires that you be informed you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact [AgriLifeWellness@ag.tamu.edu](mailto:AgriLifeWellness@ag.tamu.edu) or 979-845-2423.

**Instructions:** This form is provided to employees of AgriLife Research, Extension, and TVMDL agencies who wish to participate in Wellness Release Time (WRT), confirming they have been notified about important information as required by A&M System Regulation 31.02.13, Wellness Release Programs and contained in AgriLife Wellness Program procedures 31.02.13. A0.01, 31.02.13.X0.01, and 31.02.13.V0.01.

Supervisors must consider the impact of each Wellness Release Time (WRT) request and anticipate the impact if approval would place an unreasonable burden on the unit's ability to provide services of acceptable quality and quantity during the time requested. A well-communicated, consistent, and structured WRT will help alleviate conflicts and potential work load disruptions. Supervisors and employees should utilize the acknowledgement form to document the mutual understanding that the release time activities are consistent with physical fitness activities.

Employee Name

Use this space to outline times and days of the week designated as WRT. May not exceed 30 minutes, 3 times per week:

I acknowledge that Wellness Release Time is not considered work time for purposes of Workers' Compensation benefits. Injuries that may result during participation will not be treated as work-related injuries.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Retain in employee's official personnel file.