



**Employee Wellness**

**Release Time Form**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I hereby certify that I shall adhere to the Release Time Policy guidelines provided to me upon agreeing to participate in the release time option offered by Kennesaw State University Employee Wellness. I will use the release time each week in a constructive manner to fit the guidelines established by Kennesaw State University Employee Wellness. The release time may be devoted to wellness activities, including but not limited to, exercising at a preferred facility (on or off campus), KSU Employee Wellness programs and walking groups. Failure to comply with the guidelines of the program will result in forfeiture of the release time. My supervisor has the opportunity to review my release time by contacting the Employee Wellness Coordinator at any time by calling 470-578-3244.

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_