

**Worksite Wellness Leave Requests
OP 52.63**

A new request must be submitted each fiscal year (September 1-August 31) and maintained by the supervisor.

Please review OP 52.63 for full policy.

Eligible employees may be granted eight hours of additional leave time to be used within 12 months. Wellness Leave must be used as one eight-hour increment. It does not accrue and is not paid upon separation from MSU. Employees must provide proof of a physical examination within the last 90 days to the Director of Recreational Sports and Wellness Center.

TO BE COMPLETED BY THE EMPLOYEE: (Please Print or Type)

Employee: _____ **Title:** _____

Department: _____ **Supervisor:** _____

According to OP 52.63, I hereby request to be granted eight hours of Wellness Leave. I understand that the leave must be used with the approval and prior knowledge of my supervisor and must be used as one 8-hour increment.

Employee's Signature: _____ **Date:** _____

TO BE COMPLETED BY THE SUPERVISOR

Is the employee eligible? _____ YES _____ NO

If yes, complete the signature and date.

If not, please explain why the employee is not eligible to participate in the Worksite Wellness Program. This form will need to be submitted to Human Resources for review.

Supervisor Signature: _____ **Date:** _____

I certify that the employee has provided documentation of a physical examination by a health care provider within the last 90 days.

_____ **Hours of Wellness Leave is granted effective** _____
(Leave must be used within 12 months from this date or will be forfeited.)

Recreational Sports & Wellness Center Approval: _____ **Date:** _____