

RECEIVED FEB 18 2009

Memo To: University of Houston
From: Joan Nelson, Executive Director
Subject: Employee Wellness Program Policy

UH-

Effective date:
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1. PURPOSE

In accordance with the State Employees Health Fitness and Education Act of 1983, the University of Houston has developed an Employee Wellness Program for the benefit of all employees. This voluntary physical fitness program is designed to improve the health and well-being of employees and reduce or eliminate problems affecting employee health and work productivity.

2. DEFINITIONS

- 2.1 Full-time, benefits-eligible staff: Staff members employed to work 40 hours per week for at least four and one-half continuous months.
- 2.2 Fitness Release Time: Employees who are approved to participate in the Employee Wellness Program may be eligible to receive up to three (3) hours per week of Fitness Release Time (FRT) to participate in a fitness activity offered in the University of Houston Campus Recreation and Wellness Center (CRWC).

3. POLICY

- 3.1 The University of Houston Employee Wellness Program strives to increase the well-being and productivity of all employees through enhancement of all aspects of health. The program seeks to increase awareness of positive health behaviors, motivate employees to voluntarily adopt healthier behaviors, and provide opportunities and a supportive environment to foster positive lifestyle changes.
- 3.2 The Employee Wellness Program consists of activities that include awareness, lifestyle changes, and a supportive environment to accomplish pre-defined wellness and fitness goals. Depending on availability of funds and personnel support, the activities in each area may include, but are not limited to:
- a. Awareness:
- Materials on bulletin boards around campus;
 - Informative handouts and brochures;
 - One-time events such as Employee Health and Fitness Fair;
 - Information available on the ESO web site; and
 - Periodic emails to the University community.

b. Lifestyle Changes:

- Fitness Release Time (FRT);
- Membership in UH Campus Recreation and Wellness Center;
- Participation in various fitness programs;
- Workshops and seminars coordinated by Employment Services and Operations, Student Health Services, Campus Recreation and Wellness and Wellness Committee; and
- Guidance through the University's Employee Assistance Program.

c. Supportive Environment:

- An active Safety Committee; and
- Continued backing by and collaboration with the University's Staff Council and Wellness Committee.

3.3 Most educational workshops, seminars, and awareness programs will be offered during lunch and before/after working hours. From time to time, a department may plan an educational workshop for the entire department when it is believed that the activity will improve the productivity of the overall employee group. Managers are encouraged to allow for flexible scheduling to accommodate participation in programs that are offered during lunch breaks, and before or after work.

3.4 Fitness Release Time

3.4.1 The Fitness Release Time (FRT) is available to full-time, benefits-eligible staff.

3.4.2 Employees who are approved to participate in the Employee Wellness Program may be eligible to receive up to three (3) hours per week of Fitness Release Time to participate in a fitness activity offered in the University of Houston Health and Recreation Center.

3.4.3 Staff employees must complete their probationary period before requesting authorization for Fitness Release Time.

3.4.4 The FRT may not interfere with the employee's duties or the department's responsibilities; therefore, supervisor approval is required before the employee may commence and continue this program.

3.4.5 FRT is available on a semester-by-semester basis and may be renewed at the supervisor's discretion. Employees must complete an FRT Application each semester and/or summer session and obtain supervisor approval before commencing any activity under this program.

3.4.6 The employee must reflect FRT on his/her timesheet.

3.4.7 Fitness Release Time cannot be requested in conjunction with the College Release Program. See PS 02.B.12 for details regarding the College Release Program.

4. PROCEDURES

4.1 To request Fitness Release Time, the following steps must be completed:

1. Employee completes the FRT Application (Exhibit A), requesting up to three hours per week for exercise/physical fitness activities;
2. Supervisor approves or denies request. If request is denied, form is returned to employee. If approved, employee takes form to CRWC;
3. The Assistant Director for Campus Recreation and Wellness or designee has employee complete "The Challenge" Physical Activity Readiness Questionnaire (PAR-Q) (Exhibit B);
4. The Assistant Director for Campus Recreation and Wellness or designee has employee read and sign the Assumption of Risk, Release, and Indemnification Form (Exhibit C);
5. If employee answers "Yes" to one or more of the questions on the PAR-Q, employee will be asked to have the Medical Clearance form (Exhibit D) approved by his/her primary care physician before the Assistant Director for Campus Recreation and Wellness or designee approves employee participation in an exercise program or physical fitness activity;
6. Once all requirements are met, the FRT Application is approved by the Assistant Director for Campus Recreation and Wellness or designee who, by signing, agrees to track employee's time in the CRWC;
7. Employee retains copies of the FRT Application, PAR-Q, Assumption of Risk, Release, and Indemnification and Medical Clearance forms for his/her records. The original forms are filed by the Assistant Director for Campus Recreation and Wellness. Employee submits approved copy of FRT Application to ESO to be scanned into employee's personnel file;
8. When employee begins working out, his/her workout time will be logged by CRWC personnel on the Fitness Release Activity Log (Exhibit E);
9. At the end of each pay period, employee must retrieve his/her Activity Log and attach it to his/her biweekly or monthly timesheet prior to submitting timesheet to his/her supervisor;
10. Employee will reflect up to three (3) hours of fitness release time on his/her timesheet using code 078 for biweekly and 077 for monthly; and,

11. Supervisor approves timesheet and forwards timesheet and Fitness Release Activity Log to ESO for processing.

5. EXHIBITS

Exhibit A: Fitness Release Time Application
Exhibit B: "The Challenge" Physical Activity Readiness Questionnaire (PAR-Q)
Exhibit C: Assumption of Risk, Release, and Indemnification Form
Exhibit D: Medical Clearance
Exhibit E: Fitness Release Activity Log

6. REVIEW PROCESS

Responsible Party: (Reviewer):

Review: Every three years on or before January 1st.

7. POLICY HISTORY

This is the first issue of this policy.

8. REFERENCES

UH System Memorandum 02.E.08
State Employees Health Fitness and Education Act of 1983

University of Houston Fitness Release Time Application

In accordance with the State Employees Health Fitness and Education Act of 1983, the UH Employee Wellness Program provides full-time, benefits-eligible staff a maximum of three (3) hours per week of Fitness Release Time (FRT) for participation in an exercise program or fitness activity offered in the UH Campus Recreation and Wellness Center (CRWC). Fitness Release Time cannot be requested in conjunction with the College Release Program (CRP) and, thus, staff may not exceed three hours per week for participating in FRT or CRP activities. The application must be approved in advance by the immediate supervisor and must not interfere with operations of the employee's department. Only full-time, benefits-eligible staff members are eligible for Fitness Release Time. Supervisors reserve the right to change the time requested or decrease the amount of hours approved due to operational considerations.

Application Instructions:

1. Complete FRT Application form and submit it to your supervisor prior to participation in the FRT program. This form must be completed every semester.
2. Take approved form to the CRWC to officially register for Fitness Release Time.
3. After obtaining all signatures, complete The Challenge PAR-Q form, and sign the Assumption of Risk, Release, and Indemnification.
4. Submit a copy of FRT to Employment Services and Operations.
5. **You are encouraged to sign up for a fitness assessment in the CRWC before starting your program and at intervals throughout.**

A. EMPLOYEE INFORMATION

Employee Name: _____ Empl ID: _____ Ext: _____

Job Title: _____ ☐ Exempt ☐ Non-exempt

Department Name: _____

Supervisor's Name: _____ Ext: _____

Please describe the type of activity in which you plan to participate. (e.g. Yoga, aerobics, walking, weights, basketball, etc.)

☐ Fall ☐ Spring ☐ Summer Year _____

Days/Times Requested: _____ Total Hours/Week Requested: _____

I understand that participation in this program can be terminated by either the employee or supervisor at any time. I also understand that I may not substitute the time requested under this program with anything other than a physical fitness activity in the CRWC. I also understand that tracking of my physical fitness activity will be done in the Student Life Center and used to verify hours of involvement.

UHD Sports & Fitness

The Challenge

PAR-Q Form

Regular physical activity is fun and healthful and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q (Physical Activity Readiness Questionnaire) will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO

Yes No

- ☐ ☐ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- ☐ ☐ 2. Do you feel pain in your chest when you do physical activity?
- ☐ ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?
- ☐ ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ ☐ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ☐ ☐ 6. Is your doctor currently prescribing drugs (ex. water pills) for your blood pressure or heart condition?
- ☐ ☐ 7. Do you know of any other reason why you should not do physical activity?

If you answered:

Yes to one or more questions

- Talk with your doctor by phone or in person before you start becoming much more physically active and before you have a fitness appraisal. Tell your doctor about the PAR-Q and discuss the question(s) to which you answered YES.
- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

No to all questions

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
 - Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
 - Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better.
- If you are pregnant - talk to your doctor before you start becoming more active.
- If your health changes so that you then answer YES to any of the above questions, consult your doctor.

I have read, understood and completed the questionnaire. Any questions that I have were answered to my full satisfaction.

Participant's Signature _____ Date: _____

**University of Houston
Campus Recreation and Wellness Center
Assumption of Risk, Release, and Indemnification Form**

- ◆ All University of Houston Campus Recreation and Wellness Center (CRWC) members are required to complete an Assumption of Risk, Release, and Indemnification Form prior to participating in Sports and Fitness activities or using facilities.
- ◆ Participation in UH Recreation and Wellness activities or use of Recreation and Wellness facilities is completely voluntary.
- ◆ Each individual is strongly urged to consult a physician for a thorough physical examination prior to any exercise, exercise program(s) or class. UH CRWC also strongly suggests all individuals have sufficient health insurance coverage.
- ◆ For safety precautions, each individual is strongly urged to warm up prior to participating in an activity.
- ◆ The CRWC staff has the authority to remove or ban from its activities or facilities individuals found to be in violation of any of the CRWC policies.
- ◆ There are certain risks involved with the use of and/or participation in CRWC facilities, programs, and activities. These include, but are not limited to dizziness, body discomforts, eye and nose injuries, open wounds, bleeding, muscle strains, joint sprains, heart stress, bone fractures, ligament damage, unconsciousness, paralysis, and even death. Other risks include loss and damage of personal property. UH does not assume responsibility for the physical condition of CRWC members or the members' inability to complete CRWC physical activities.
- ◆ Each individual assumes all the risks, liability, and expenses for bodily injury and property damage by participation in CRWC activities or facilities.

I am eighteen years of age or older and I desire to voluntarily participate in UH CRWC activities. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate and am able to use the equipment associated with CRWC activities.

In consideration of my participation in CRWC activities, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the University of Houston ("Institution"), its governing board, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness to my person, including my death, that may result from or occur during my participation in CRWC activities, whether caused by negligence of the Institution, its governing board,

officers, employees, or representatives or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in CRWC activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE OF MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN SPORTS AND RECREATION ACTIVITIES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Should I require emergency medical treatment as a result of accident or illness arising during CRWC activities, I consent to such treatment. I acknowledge that the University of Houston does not provide health and accident insurance for participants in CRWC activities and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Institution representatives in writing prior to my participation in CRWC activities if I have medical conditions about which emergency medical personnel should be informed.

I have received a copy of the CRWC policies and I agree to abide by its contents.

Signature

Date

Address

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone: Day #: _____ Evening #: _____ Mobile #: _____

UHD Sports and Fitness Staff Only

Date _____

Last Name

First

Middle

UHD Student ID or Empl ID (UHD Students, Faculty, Staff, Alumni and Red Shirt Members only)

Driver's License # (CJ Cadet & Family (Spouse) Members only)

Type of Membership:

☐ Student

☐ Faculty

☐ Staff

☐ Alumni

☐ Red Shirt

☐ CJ Cadet

☐ Family (Spouse)

Recreation Sticker #

Membership Dates (only for Alumni, Red Shirt, CJ Cadets, Family)

Complete the following only for Family (Spouse) membership:

UHD Spouse's Last Name

First

Middle

UHD Student ID or Empl ID

Recreation Sticker #

Sports and Fitness Staff Name

Signature

Date

Medical Clearance

To Client's Designated Physician:

_____ has expressed an interest in starting an exercise program within Campus Recreation Wellness Center at the University of Houston. A fitness assessment including sub-maximal aerobic tests, body composition and flexibility and strength will be conducted on the client. These assessments will be conducted periodically to determine progress. General exercise recommendations will be provided by a certified personal trainer in respect to the client's ultimate fitness goal.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness assessment exercise recommendations. If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

If you have any questions about the assessments or exercise recommendations please call _____.

Physician Report

_____ I know of no reason why the client may not participate.

_____ I believe the client can participate, but I urge caution because:

_____ The client should not engage in the following activities: _____

_____ I recommend that the client NOT participate in any activities associated with Sports & Fitness.

Physician's Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Address: _____

Thank you for your time.

Sincerely,

Deleted: Rhonda Scherer
Assistant Director of Sports & Fitness