

REQUEST TO PARTICIPATE IN FITNESS AND WELLNESS PROGRAM [Fillable Version (Fill out on computer)]

SECTION A—EMPLOYEE REQUEST

This is a formal request to participate in the fitness and wellness program with a modified work schedule as specified below. I propose to add the following time (totaling no more than two hours per week) as administrative leave for fitness and wellness on the days specified below as forth in 5.1. New Mexico Medical Board Fitness and Wellness Policy. (Read and enter your initials in boxes next to *all* items above your signature.)

Employee Name: _____

SHARE # _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I understand that I must obtain supervisory approval for participation in the fitness and wellness program.
- I agree to report administrative leave with the comment “fitness and wellness program” on my timesheet each and every time I participate in the fitness and wellness program.
- I have read the fitness and wellness program policy and agree to comply with all of its requirements.
- I understand that I must take my lunch hour and fitness and wellness time during the hours of 11 am and 2 pm.
- I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participate in the fitness and wellness program.
- I understand that participation in the fitness and wellness program is not an entitlement and can be modified, including cancellation, at any time. I IRREVOCABLY AGREE TO INDEMNIFY AND HOLD New Mexico Medical Board AND THE STATE OF NEW MEXICO HARMLESS FROM ANY AND ALL LIABILITY AND WAIVE ANY CLAIMS, INCLUDING BUT NOT LIMITED TO WORKERS’ COMPENSATION, FOR ANY AND ALL INJURIES OR ILLNESSES CAUSED BY OR AGGRAVATED BY FITNESS AND WELLNESS ACTIVITIES UNDERTAKEN PURSUANT TO THIS POLICY.

Employee Signature: _____

Date: _____

SECTION B—APPROVAL

Employee’s request to participate in the fitness and wellness program is:

<input type="checkbox"/>	Approved as requested.	<input type="checkbox"/>	Approved with the following days substituted:		
	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not approved for the following reason(s):		<input type="checkbox"/>	Employee is temporary or probationary.		
<input type="checkbox"/>	Employee on a Performance Development Plan	<input type="checkbox"/>	Employee has been disciplined within the past 12 months.		
<input type="checkbox"/>	Other (briefly explain: 250 char. limit)				

Supervisor Signature: _____

Date: _____

Bureau Chief Signature: _____

Date: _____

Division Director Signature: _____

Date: _____