August 24, 2018

TO: Benefit eligible Professional and Classified staff

FROM: Martin Schimpf, Interim President

RE: Request for Release Time

In support of the university’s commitment to the health of its employees, I authorize release time up to 60 minutes per week for those employees desiring to participate in health and wellness activities during work hours. Supervisory approval is necessary to determine when this release time can be utilized during the work week. Supervisor may request proof of attendance or participation in activities. Activities will include those held on campus, with documentation required for any off campus activities or programs.

Health and wellness activities include programs, classes, activities and/or events that serve to promote and/or improve health status contributing to overall increased wellness. Wellness activities are subject to the discretion of Wellness Services and supervisor approval.

The procedure outlined below must be followed for participation:

1. Complete this form.
2. Obtain supervisor’s approval (indicated by supervisor’s signature).
3. Send completed form to University Health Services, MS-1351.
4. Wellness Services will:
   a. Review and suggest recommendations, if necessary, and approve final health and wellness plan.
   b. Send emails of approval and any program recommendations to employee and supervisor.
   c. Send follow-up emails quarterly to monitor the progress of your health and wellness program.
5. As part of your overall program, you are encouraged to participate in annual wellness screenings and events.
6. Please call Wellness Services at 6-2694 or visit healthservices.boisestate.edu if you have any questions.

HEALTH AND WELLNESS RELEASE TIME REQUEST FORM AND ASSESSMENT

Name: ___________________________  Dept.: ________________  Ext.: ______

Email address: ____________________________  Mailstop.: ______

Supervisor’s Name (please print): ____________________________  Ext.: ______

Supervisor’s Signature: ____________________________

In the space below, please briefly describe:

➢ The type of health and wellness activities you intend to engage in.

➢ Your proposed schedule (including days and times) per week and how you plan to incorporate your 60 minutes of release time per week.
Boise State University Employee Wellness Program - Intake

The following information will help Wellness Services better serve you, the employees, in developing and creating an Employee Wellness Program that fits your needs. Please take a moment to complete the following questions.

How would you rate your overall health? ___ Poor ___ Fair ___ Good ___ Excellent
Please explain:

What are your health and wellness goals? (Example: weight loss, stress management, improved fitness, etc.)

Are you currently a member of the Recreation Center? _______Yes _______No, If no, why?

How often do you utilize the Recreation Center? _______Often _______Sometimes _______Never, if never, why?

How do you hear about activities or programs offered by University Health Services? (Please check all that apply.)
______Daily Dose _______Recreation Guide _______Table Tents
______E-mail _______HR Review _______Update
______Health Center _______Recreation Center website _______Other (please list.)

How often do you participate in Wellness Services events, programs, classes and/or workshops?
______Often _______Sometimes _______Never, if never, why?

What events, programs, classes and/or workshops would you like to see offered by Wellness Services that are not currently being offered?

What time of day would you be most likely to utilize services provided by Wellness and Campus Recreation?
______7:00am-9:00am _______9:00am-11:00am _______11:00am-1:00pm
______1:00pm-3:00pm _______3:00pm-5:00pm _______After 5:00pm

Please indicate what would encourage you to participate or attend events, programs, classes and/or workshops provided by Wellness Services (i.e. incentives such as a cookbook).

Gender: ____

Thank you for taking the time to complete this form!