

January 24, 2013

TO: Benefit eligible Professional and Classified staff
FROM: Robert Kustra, 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.: _____
(please print)

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 website	_____ 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!