

**Montgomery College Office of Human Resources  
EAP Request**

**MC WELLNESS/OUTSIDE GYM MEMBERSHIPS**

FOR HR USE ONLY

Please complete all information below and submit to HR for processing. **Be sure to complete the Waiver Form on Page 2.**  
If you have questions, please contact HR at 240-567-7301.

AMOUNT:

RECORD:

**EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_ MC ID: M \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Residency: County \_\_\_\_\_ Employment Status: Full Time Regular \_\_\_\_\_ Department: \_\_\_\_\_  
Campus: Rockville \_\_\_\_\_ Job Title: \_\_\_\_\_ Employment Type: Non-Bargaining \_\_\_\_\_

**TYPE OF WELLNESS REQUEST**

Please indicate the type of wellness request: MC Wellness Class

**PAYMENT OPTIONS**

Please choose one of the following payment options: MC Wellness Request--Please credit my EAP Account

**\*\*Please note that receipts for outside gym memberships must meet the following criteria to be accepted as proof of payment:**

- The receipt must be original, must be printed on the organization's letter head and must show **form of payment (i.e. cash, check or charge)**. If a receipt is not available, a confirmation email from the organization with the above information will suffice.
- If you pay for courses or course materials online, the electronic confirmation of payment may be submitted, but it must show the amount paid and **form of payment**.
- If neither of the above is available, a copy of the cancelled check (**front and back**), a credit card receipt, or a credit card statement showing the charge may be submitted. If you submit a credit card statement, **please be sure that your name is printed on the page that you submit; otherwise, it will not be accepted.**
- **Handwritten, generic or copied receipts will no longer be accepted as proof of payment.**

**REQUESTS THAT ARE MISSING REQUIRED DOCUMENTATION WILL BE RETURNED TO THE EMPLOYEE**

**WELLNESS ACTIVITY INFORMATION**

**MC WELLNESS COURSES/FITNESS CENTER**

ACTIVITY	CAMPUS	DAY/TIME	BEGIN/END DATES	AMOUNT
	Rockville			
	Rockville			
	Rockville			
	Rockville			
	Rockville			
	Rockville			
	Rockville			

**OUTSIDE GYM MEMBERSHIPS**

NAME OF GYM	LOCATION	BEGIN/END DATES	AMOUNT
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**APPROVAL**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date ☐ Approved ☐ Not Approved

\_\_\_\_\_  
Chief Human Resources Officer Signature

\_\_\_\_\_  
Date ☐ Approved ☐ Not Approved

# ***MONTGOMERY COLLEGE WELLNESS PROGRAM***

## **PARTICIPANT AGREEMENT & WAIVER FORM**

**Please submit with a completed MC Wellness EAP application.  
The completed EAP application will serve as your registration form.**

I, \_\_\_\_\_, am a participant in the Montgomery College Wellness Program. I certify that I am cognizant of all of the inherent risks in such participation, and of the basic safety rules for such activities, and consent to participant in such activities.

I understand and agree to accept full personal responsibility for all risks, whether foreseen or unforeseen, in connection with my participation in the Montgomery College Wellness Program. I understand and agree that neither Montgomery College, its trustees, employees, and any students acting as such, may be held liable in any way for any occurrence in connection with participation in the Montgomery College Wellness Program which results in injury, death, or other damages to me, or a member of my family, estate, heirs, or assigns.

I, for myself, my heirs, executors, administrators and assigns, forever release and discharge Montgomery College, its trustees, employees, and any student acting as such, from any liability for any harm, injury, damage, claims, action causes of actions, costs, demands, and nature whatsoever which may occur arising out of participation in the Montgomery College Wellness Program. I further agree to save and hold harmless Montgomery College, its trustees, employees, and any student acting as such, from any claim by me, or my family, estate, heirs, or assigns arising out of my participation in the Montgomery College Wellness Program.

In witness thereof, I have executed this release on \_\_\_\_\_  
Date

Signature: \_\_\_\_\_

Printed Name:

**MONTGOMERY COLLEGE  
COLLEGE-WIDE WELLNESS ACTIVITIES**

**STAFF REQUEST  
For Wellness Activities**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Dept. \_\_\_\_\_

Ext. \_\_\_\_\_

PROGRAM	ACTIVITY TIMES	BEGIN/END DATES	REQUESTED TIME
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_____	_____	_____	_____
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_____	_____	_____	_____
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Staff that wish to request time to participate in wellness activities must match non-duty time with duty time. No more than one-half hour of the total wellness time may be released time; employees may use as much of their non-duty time as practical. Staff are encouraged to participate in wellness activities a minimum of three days a week. A maximum of 1-1/2 hours of duty time per week can be approved for these activities.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

☐

Approved

☐

Denied

Please return completed form to requestor's immediate supervisor.