

**Montgomery College Office of Human Resources, Development and Engagement
EAP Request**

MC WELLNESS/OUTSIDE GYM MEMBERSHIPS

FOR OHRDE 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 240-567-4246.

AMOUNT: _____ WELLNESS RECORD: _____

EMPLOYEE INFORMATION

Last Name: _____ ACCOUNT: _____ First Name: _____ MC ID: M Date of Hire: _____
 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			
	Rockville			

OUTSIDE GYM MEMBERSHIPS

NAME OF GYM	LOCATION	BEGIN/END DATES	AMOUNT

APPROVAL

Employee Signature

/ /
Date

Supervisor Signature

/ /
Date

Approved Not Approved

Vice President, OHRDE 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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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.