

**MONTGOMERY COLLEGE  
COLLEGE-WIDE WELLNESS ACTIVITIES**

**STAFF REQUEST  
For Wellness Activities**

Name \_\_\_\_\_

Job Title \_\_\_\_\_ Office or Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

PROGRAM	ACTIVITY TIMES	BEGIN/END DATES	REQUESTED TIME
_____	_____	_____	_____
_____	_____	_____	_____

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                       Approved                       Denied

\_\_\_\_\_  
Supervisor Signature                      Date                       Approved                       Denied

Please return completed form to requestor's immediate supervisor.