

Be Well, Bengals!- Wellness Release Time Form

Participant name:_____ Title:_____

Department:_____ Extension:_____

Email address:_____

What health and wellness activities do you plan to do during release time?

How does this activity/activities contribute to your overall wellness?

What is your proposed schedule (including days and times) of incorporating the 60 minutes of release time per week?

By signing this, I agree that I am committing to hold myself accountable to these wellness activities and will visit with my supervisor.

Employee Signature:_____ Date:_____

Supervisor's Name (please print):_____ Extension:_____

Supervisor's Signature:_____ Date:_____

