

BEEFIT WELLNESS PROGRAM REQUEST

NAME (Print) _____ DEPARTMENT _____

TYPE/NAME OF PROGRAM: _____
(Refer to Administrative Regulation No. 148)

SCHEDULED PARTICIPATION: _____ Time(s)
Day(s)

Employee: I hereby request permission to participate in the above program. I understand that this permission may be rescinded at any time by the appointing authority or his/her designee. The maximum number of hours per week is three (3) hours.

Signature of Employee _____ Date _____

- APPROVED
- DISAPPROVED

Name and Title of Appointing Authority _____ Signature _____ Date _____

(PREPARE THIS FORM IN TRIPLICATE)

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