

# Employee Well-being Flex Time Form



Employee Name:
Department:
Job Title:
Supervisor's Name:
Weekday(s) and time(s) being requested:

I understand that participation in the 90 minutes weekly well-being flextime can be revoked by either the employee or supervisor at any time. I hereby certify that I shall adhere to the Well-being Flex Time Guidelines provided to me upon agreeing to participate in the flextime option offered by Kennesaw State University. I will use the release time in a constructive manner to fit the policy established by Kennesaw State University. The flex time is devoted to well-being activities, including but not limited to, exercising at a preferred facility (on or off campus), Campus Recreation classes, KSU Employee Wellness programs, and walking groups.

I further understand that abuse of the privilege to participate in the Well-being Flex Time program will subject me to revocation of the privilege. I will complete a new form each fiscal year with my supervisor or upon job change to continue participation. Additionally I will adjust my work schedule to make up this time during the week. I understand my participation in the Well-being Flex Time program is strictly voluntary and at my risk and discretion.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_ Application approved      \_\_\_\_\_ Application denied

Rationale for denial:
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For additional information or clarification, please call or email Dessi Beagle your Employee Well-being Coordinator and Fitness Center Manager at 470.578.6770.

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Last Revised February 1, 2019