Policy Approval/Review Form

This form is used for the approval, amendment, removal or review of a Gordon State College policy. Once authorized with the President's Signature, the policy will be posted to the Gordon State Website. This approval form will be filed in the Office of the President with Cabinet minutes noting approval.

Policy Title *	Well-being Release Time Policy
Department	Human Resources
Policy Editor	Sherri Gooch
Request Type	New ☑ Amended ☐ Removed ☐ Reviewed ☐

OBJECTIVE (Briefly state your purpose.)

To provide a supportive environment that encourages employees to adopt healthy behaviors and positive lifestyle changes, improve job performance, increase work satisfaction, and reduce healthcare costs.

RESOURCES AND CONSULTATION (Briefly describe the resources (i.e. website, link) used in developing, amending, removing, or reviewing the policy. Include names of other individuals who assisted with this change.)

Policy was developed using a template provided by Farrah Williams (USG Well-Being Program Manager).

COMMUNICATION PLAN (Identify how information about how the policy will be communicated to the college as well as training plans if applicable.)

Information on this policy was distributed via emails to full-time faculty and staff as well as promotion at Staff Council meetings, the HR newsletter, the GSC Well-Being webpage, & the GSC Well-Being Facebook page

Authorizations

Dean or Supervisor Signature and Date: Madelyn Brown Digitally signed by Madelyn Brown Date: 2020.11.13 15:48:57 -05'00'

Cabinet Sponsor (VP) Signature and Date: Madelyn Brown Digitally signed by Madelyn Brown Date: 2020.11.13 15:49:24 -05'00'

President Signature and Date: Kirk A. Nooks Digitally signed by Kirk A. Nooks Date: 2020.11.16 08:24:25 -05'00'

***Policy Template must be submitted with this form.**

Well-Being Release Time Policy
Gordon State College

Purpose

The Gordon State College Employee Well-being Release Time program is designed to enhance the well-being of employees and reduce or eliminate lifestyle-related issues that affect the employees's health and work productivity. It is a voluntary program consisting of institution supported well-being activities during the workday.

The objective of the Well-being Release Time program is to provide a supportive environment that encourages employees to adopt healthy behaviors and positive lifestyle changes, improve job performance, increase work satisfaction, and reduce healthcare costs.

Who is Affected

This program applies to all benefit eligible faculty and staff who work at least 30 hours a week, with explicit permission from their supervisor.

Definitions and Acronyms

Well-being Release Time is defined as health-related professional development time in which an employee is relieved of regular work duties in order to participate in well-being activities.

Well-being activities is defined as wellness activities, including but not limited to, exercising at a preferred facility (on or off campus), Campus Recreation classes, GSC Employee Wellness programs, and walking groups.

Policy

- The Well-being Release Time program provides up to 60 minutes a week of release time for participation in well-being activities. Release time for eligible part-time employees will be adjusted on a pro-rated basis.
- Employees participation in the Well-being Release Time program is strictly voluntary and at the individuals risk and discretion. Employees are encouraged to consult with their physicians before engaging in any fitness related activities. Employees participating in the program assume all risk and responsibility for any injuries sustained by his/her participation in the program.
- Well-being Release Time is paid time which does not have to be made up, cannot be accrued, and does not need to be documented on timesheets.
- Well-being Release Time cannot be used at the end of the day to shorten the workday. (unless the college program or activity is scheduled at the end of the workday)
- Each fiscal year (July through the following June), employees must secure approval from their immediate supervisor prior to participation in the program using the Well-being Release Time application (see Appendix A below).

- Immediate supervisor is expected to make reasonable efforts to accommodate requests for participation in the Well-being Release Time program. The supervisor may suggest an adjustment to the requested schedule that will better work with the department needs. If an application is denied, the supervisor must indicate the reason(s) for the denial.

Procedures

- To apply for participation in the Well-being Release Time program, the employee must submit a completed application to the immediate supervisor (see Appendix A below). The application must specify the requested weekday(s) and time(s) of well-being activities. Any deviations from the approved schedule must be approved in advance by the immediate supervisor.
- If the application is approved by the supervisor, the employee will submit the approved original application to Human Resources.
- Any exceptions to the definitions and procedures of the Well-being Release Time program must be approved by Human Resources.

Form associated with this policy

Appendex A: Gordon State College Well-being Release Time Application

Violations

Abuse of the privilege to participate in the Well-being Release Time program will subject the employee to revocation of the privilege and/or disciplinary action.

Appendix A: Well-being Release Time Application

INSTRUCTIONS:

- Each fiscal year of participation, employees must submit a completed application to their immediate supervisor prior to participation in the Well-being Release Time program.
- Specify the weekday(s) and time(s) of the well-being activities. Any deviations from the approved schedule must be pre-approved by employee's immediate supervisor.
- If approved, submit the application to the Human Resources department.

EMPLOYEE INFORMATION

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

I understand that participation in the well-being program can be terminated by either the employee or supervisor at any time. I hereby certify that I shall adhere to the Well-being Release Time Policy provided to me upon agreeing to participate in the release time option offered by Gordon State College. I will use the release time in a constructive manner to fit the policy established by Gordon State College. The release time is devoted to wellness activities, including but not limited to, exercising at a preferred facility (on or off campus), Campus Recreation classes, GSC Employee Wellness programs, and walking groups.

I further understand that abuse of the privilege to participate in the Well-being Release Time program will subject me to revocation of the privilege. I certify that my physician is aware of my participation in Gordon State College well-being activities and I assume all risk and responsibility for any injuries sustained by participation in the program.

_____ _____ _____ _____

Employee Signature *Date* *Supervisor Signature* *Date*

☐ Application approved ☐ Application denied

Rationale for denial:

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