

EMPLOYEE PHYSICAL FITNESS PROGRAM

Name: _____ Department: _____

Description of physical fitness activity:

Requested schedule for participation in activity:

Amount of paid time _____ hours per week
(Any time occurring within the employee's work schedule, including breaks).

Amount of PTO _____ hours per week

Amount of compensatory time _____ hours per week

Amount of lunch break _____ hours per week

Amount of time outside the employee's work schedule _____ hours per week

TOTAL HOURS PER WEEK _____

I release the Tribes of any liability for any accident or injury incurred in the course of participating in the above-mentioned activity.

Employee Signature

Date

Approved:

Supervisor Signature

Date

Original: Submit to CS&KT Personnel Department

Copy: Retain for Department records