
Warrior Wellness Release Time

LEWIS-CLARK STATE COLLEGE



The Lewis-Clark State College Health & Wellness Committee is committed to helping our employees improve the health and well-being of its employees. Achieving this goal ensures better quality of life for employees, higher productivity for the College, and better control over healthcare costs for everybody.

To help achieve this goal, LCSC's administration is allowing 60 minutes of Warrior Wellness Release Time each week for benefit-eligible employees. This release time cannot be rolled over or "saved" for use at another time. This time can be used during work hours for activities that contribute to the employee's health and well-being. The 60 minutes may be used all at once (i.e. taking an hour-long exercise class on or off campus once per week) or divided up throughout the week (i.e. adding 15 minutes to an employee's lunch hour 4 times per week to be able to change clothes before and after a workout).

Activities and timing of release are subject to supervisor approval. Employees are encouraged to meet with their supervisor to find a time(s) during the week that work best for the department. The supervisor may request proof of attendance or participation in wellness activities. A Wellness Release Request Form must be completed and signed by the employee and the supervisor prior to receiving this benefit.

A review of the employee's use of Warrior Wellness release time should occur annually. If an employee has a supervisor change, the new supervisor must approve the employee's release time.

Please visit the Warrior Wellness website (www.lcsc.edu/wellness) for possible release time activities.

For questions or more information, please contact Human Resource Services, hr@lcsc.edu, ext. 2269.

WARRIOR WELLNESS RELEASE TIME REQUEST FORM

Name: _____ **Title:** _____

Dept.: _____ **Ext.:** _____

Email address: _____

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

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

Employee Signature: _____ **Date:** _____

Supervisor's Name (please print): _____ **Ext.:** _____

Supervisor's Signature: _____ **Date:** _____

Please return signed form to Human Resource Services