



Wellness Release Time Acknowledgement

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: hr@tamug.edu or (409) 740-4532.

INSTRUCTIONS This form is provided to employees who wish to participate in Wellness Release confirming they have been notified about important information as required by System Regulation Wellness Programs 31.02.13, and Wellness Programs SAP 31.02.13.M0.01

Employee Name
Optional area for additional notes:

I acknowledge that Wellness Release Time is not considered work time for purposes of Workers' Compensation. Injuries that may result during participation will not be treated as work-related injuries.

Employee Signature

Date

Supervisor's Signature

Date

SUBMIT FORM TO:
Employee's Personnel File
Copy to Employee

NEED HELP?
Benefits Services
(409) 740-4532
hr@tamug.edu