

NEW MEXICO DEPARTMENT OF TRANSPORTATION

REQUEST TO PARTICIPATE IN FITNESS AND WELLNESS PROGRAM



Section A - Employee Request

This is a formal request to participate in the fitness and wellness program with a modified work schedule as specified below. I propose to add the following time (totaling no more than two hours per week) as administrative leave for fitness and wellness on the days specified below as forth in New Mexico Department of Transportation's Fitness and Wellness Policy.

Requestor: _____ Share #: _____

Monday	Tuesday	Wednesday	Thursday	Friday
start time: _____	start time: _____	start time: _____	start time: _____	start time: _____
end time: _____	end time: _____	end time: _____	end time: _____	end time: _____

- I understand that I must obtain supervisory approval for participation in the fitness and wellness program.
- I agree to report administrative leave with the comment "fitness and wellness program" on my timesheet each and every time I participate in the fitness and wellness program.
- I have read AD-120 Fitness and Wellness Policy and agree to comply with all of its requirements.
- I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participate in the fitness and wellness program.
- I understand that participation in the fitness and wellness program is not an entitlement and can be modified, including cancellation, at any time. I IRREVOCABLY AGREE TO INDEMNIFY AND HOLD THE NEW MEXICO DEPARTMENT OF TRANSPORTATION, ITS AGENTS AND EMPLOYEES, AND THE STATE OF NEW MEXICO HARMLESS FROM ANY AND ALL LIABILITY AND WAIVE ANY CLAIMS, INCLUDING BUT NOT LIMITED TO WORKERS' COMPENSATION, FOR ANY AND ALL INJURIES OR ILLNESSES CAUSED BY OR AGGRAVATED BY FITNESS

Employee Signature: _____ Date: _____

Section B - Approval

Employee's request to participate in the fitness and wellness program is:

- Approved as requested.
- Approved with the following times substituted:

Monday	Tuesday	Wednesday	Thursday	Friday
start time: _____	start time: _____	start time: _____	start time: _____	start time: _____
end time: _____	end time: _____	end time: _____	end time: _____	end time: _____

NOT Approved for the following reason(s):

- Employee on Performance Development Plan
- Employee is temporary and probationary.
- Other (briefly explain below.)
- Employee has been disciplined within the past 12 months.

Supervisor Signature: _____ Date: _____

Bureau Chief Signature: _____ Date: _____

Division Director Signature: _____ Date: _____