

LAKELAND COMMUNITY COLLEGE  
HUMAN RESOURCES DEPARTMENT

**PHYSICAL FITNESS ACTIVITY PROGRAM**

I request to use, on a weekly basis, up to one hour (prorated by FTE for a part-time employee) of College-paid time away from my position responsibilities to participate in a physical fitness activity of my choosing.

For a full-time employee, these 20- to 30-minutes periods will be added to the unpaid lunch period in order to allow sufficient time to participate in a physical fitness activity and may not be used to alter the start or end of the work day. A part-time employee should work together with his/her supervisor to establish a schedule that will meet the needs of the department.

The exact days and time periods when this physical fitness activity will take place will be arranged in conjunction with the supervisor and are subject to his/her approval. Approval given for the use of this time and/or the schedule established may be rescinded or revised at any time as deemed necessary by the supervisor.

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**EMPLOYEE:**

I, \_\_\_\_\_, will maintain a log of the dates and times  
PLEASE PRINT YOUR NAME HERE  
when I participated in this program and I will submit the log to my supervisor every Friday.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**SUPERVISOR:**

Approval is hereby granted for the above-noted employee to participate in this Physical Fitness Activity Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Personnel File