



## **County of Imperial Wellness Program**

### **One Designated Hour Wellness Activity Guidelines and Form**

#### **Participation guidelines**

1. Employee has to be a regular full time employee.
2. Employee must be registered in the Wellness Program by completing Registration Form and submitting to the Human Resources Department.
3. Wellness hour activities will be scheduled during employee's regular working hours. Under no circumstance will employees be able to use this time to leave early or to arrive late to their regular work schedule. No comp time or over time will be allowed at any time.
4. Duration times should be in intervals of: 15 minutes, 30 minutes, and 60 minutes.
5. Participant employee is responsible to get monthly pre-approval from Department. Supervisor may ask from the employee a schedule of the intent use of the one hour in a monthly basis. The attached "Designated use of Wellness Hour Form" is strongly recommended to be used for tracking purposes and may be submitted to Human Resources Department (if needed).
6. List of activities that qualify for the use of the one hour of Wellness includes:
  - Power walks around the building
  - Healthy events such as educational meetings, health fair, etc.
  - Employer challenges
  - Any other healthy activities that may be scheduled and communicated by the Human Resources Department for this purpose



**WELLNESS PROGRAM  
DESIGNATED USE OF WELLNESS HOUR FORM**

FOR THE MONTH OF \_\_\_\_\_

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Employee Number \_\_\_\_\_ Phone# \_\_\_\_\_

I would like to use the **one hour per month designated to participate in the following Wellness activities** (check all that apply) for the month of \_\_\_\_\_

	<u>Date</u>	<u>*Duration Time</u>
<input type="checkbox"/> Wellness Activity: _____	_____	_____ minutes
<input type="checkbox"/> Power walks around the building: _____	_____	_____ minutes
<input type="checkbox"/> Scheduled healthy event such as educational meetings, health fair, etc. _____	_____	_____ minutes
<input type="checkbox"/> Employer challenges: _____	_____	_____ minutes
<input type="checkbox"/> Other Wellness Activity announced by Human Resources Department (specify): _____	_____	_____ minutes

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor approval: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor may keep the approved form for tracking purposes or if required can be submitted to the Human Resources Department.

\*Duration times should be in intervals of 15 minutes, 30 minutes, and 60 minutes.

For questions, please call Human Resources at (442)-265-1148