

## Employee Request for Exercise and Healthy Activity Time

In accordance with the Currituck County Exercise and Health Activity Time Policy, I request permission to participate in the following health improvement program.

Health Activity: \_\_\_\_\_

Location: \_\_\_\_\_

The following time schedule will be observed:

Day(s) of the week: \_\_\_\_\_  
\_\_\_\_\_

Times: \_\_\_\_\_

All terms of the County policy on Exercise and Health Activity Time will be followed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

- Approval is an endorsement of policy intent and does not warrant or guarantee freedom from accident or injury.
- Form must be submitted one week prior to the date for which the time is requested.
- This flex time is approved only for this event. Those who do not attend this event will have their flex privileges revoked.
- Make arrangements with your supervisor for when this time will be made up.