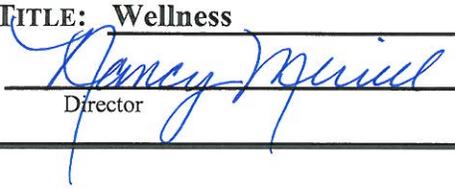


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**IDAHO DEPARTMENT OF PARKS AND RECREATION
POLICY AND PROCEDURES MANUAL**

PROCEDURE TITLE: Wellness

APPROVALS:


Director

HUMAN RESOURCES

Policy Owner

1.0 PROGRAM PURPOSE:

The purpose of the Department's Wellness Program is to encourage employees' improved health habits by enabling them to participate in specific wellness activities.

2.0 PROGRAM DESCRIPTION:

- 2.1 Paid Administrative Leave for wellness activities in the amount of one-half hour per day for up to three (3) times per week will be allowed for classified employees' participation in the wellness program. This will include approved physical fitness activities, organized smoking cessation, substance abuse, and weight control programs
- 2.2 Administrative leave is not cumulative and must be taken during regularly scheduled workdays and work hours.
- 2.3 Administrative leave is not provided for seasonal or temporary employees.
- 2.4 Administrative Leave for Wellness activities may not be used if it results in overtime or EAL.
- 2.5 Paid Administrative Leave for Wellness is available only to classified employees.

3.0 PROCEDURE:

- 3.1 To participate in the Department's Wellness Program, a classified employee must meet with their supervisor to discuss their work schedule and the days and timeframe to be permitted for Wellness activities.
- 3.2 The schedule must be approved by the supervisor and documented on the IDPR Wellness Agreement form (see below), including a start date and end or renewal date.
- 3.3 The form is signed by both the employee and the supervisor.
- 3.4 A copy of this Agreement is sent to the Payroll Office for inclusion in the employee's personnel file.
- 3.5 Time for Wellness activities up to the limits set in this policy will be coded on the employee's time sheet as ADT. Time coded to Wellness leave cannot be processed unless a Wellness Agreement is on file in the Payroll Office.



Idaho Department of Parks and Recreation

Wellness Agreement

I will _____ on _____
(Description of activity) *(Days of the week)*

from _____ to _____ . The activity/program
(Time) *(Time)*

will be done at _____ . My wellness program will
(Location)

start on _____ and end OR be renewed on _____ .
(Date) *(Date)*

I have read the Wellness Program policy and understand the appropriate use of this leave.

I also understand that if I need to change the schedule that I will work with my supervisor to develop a new, mutually agreed upon timetable and I will provide that documentation to the Payroll Unit for inclusion in my file.

Finally, I understand that Administrative Leave for Wellness activities may not be used if it results in overtime or EAL.

Employee Name (Printed) Date

Employee Signature Date

Supervisor Signature Date