

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Wellness Leave Certification Form

Texas Tech University Health Science Center (TTUHSC) is committed to maintaining and improving the health and well-being of its employees. Health screenings are an invaluable tool for encouraging healthy behaviors and supporting the early detection of chronic disease.

To encourage employee wellness, TTUHSC offers an incentive to benefits eligible employees who have submitted documentation showing they have received a physical examination from a healthcare provider, completed a HealthHSCWellness@TTUHSC

_____ or their campus Human Resources office to be awarded Wellness Leave hours.

- Employee certification of physical examination (Section 1 below)
- A certificate of completion of the Health Risk Assessment completed through [BlueCross BlueShield of Texas](#).
- Certificates of completion for [two eligible wellness events](#).

If all requirements are met, the Human Resources ISO office will award eight (8) hours of Wellness Leave under the Wellness Get Fit (WEF) category. WEF hours will be available for use on the first of the month following submission of all required documentation. WEF hours must be scheduled in advance and with the approval of the employee's supervisor.

SECTION 1: EMPLOYEE CERTIFICATION OF PHYSICAL EXAMINATION

I hereby certify that I have completed a physical examination along with a complete blood count (CBC) and a comprehensive metabolic panel (CMP) blood test.

Date screenings were completed: _____

Employee Signature

Date

SECTION 2: REQUIRED DOCUMENTATION

In addition to completing a physical examination and health screenings, I hereby certify that I have completed the Health Risk Assessment and two (2) wellness-related events. I have enclosed the required certifications of completion:

- Certificate of completion of the Health Risk Assessment, completed through [BlueCross BlueShield of Texas](#).
- Certificates of completion for two (2) eligible wellness events. *(Please list the events below.)*
 - Certificate 1: _____
 - Certificate 2: _____

I understand that WEF hours must be used by August 31 each year or the remaining balance will be forfeited. I understand Wellness Leave must be scheduled in advance and approved by my supervisor. I understand that I am only allowed to request leave hours for one wellness program completion per fiscal year. I understand this leave will not be paid out if transferring to a non-benefit eligible status or upon separation of employment.

Employee Printed Name

Employee R#

Employee Signature

Date