

## Wellness Leave Certification Form

Texas Tech University Health Science Center El Paso (TTUHSC El Paso) is committed to maintaining and improving the health and wellbeing 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 El Paso offers an incentive to *benefits eligible employees* who have submitted documentation demonstrating completion of a physical examination from a healthcare provider, completion of a Health Risk Assessment, and participated in two qualifying TTUHSC El Paso sponsored wellness activities. Eligible employees may be awarded eight (8) hours of additional leave time each fiscal year for completing these requirements.

To be considered, employees must submit the following information and documents to [ELPHRbenefitsadmin@ttuhsc.edu](mailto:ELPHRbenefitsadmin@ttuhsc.edu):

- Employee certification of physical examination (below)
- A certificate of completion of the Health Risk Assessment completed through [Buena Vida](#).
- Certificates of completion for two qualifying wellness activities (listed on the TTUHSC El Paso HR Benefits Webpage).

If all requirements are met, the TTUHSC El Paso Benefits & Wellness team 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.

### EMPLOYEE CERTIFICATION OF PHYSICAL EXAMINATION

I hereby certify \_\_\_\_\_ completed a physical examination, a Complete  
Employee Name (Printed)  
 Blood Count (CBC) and a Comprehensive Metabolic Panel (CMP) blood test.

\_\_\_\_\_  
 Treating Healthcare Provider Signature

\_\_\_\_\_  
 Date

### 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 Buena Vida.
- Certificates of completion for two (2) qualifying wellness activities as listed below:

Certificate 1: \_\_\_\_\_

Certificate 2: \_\_\_\_\_

### EMPLOYEE AGREEMENT

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 Signature

\_\_\_\_\_  
 Employee ID (R#)