

DOH EXERCISE AND HEALTH ACTIVITY POLICY

A. PURPOSE:

Aerobic exercise and other health improvement activities can be a significant factor in preventing disease and improving one's outlook on life. Some studies document that increased energy generated by aerobic exercise increases employee productivity. Therefore, in order to encourage employee participation in exercise and other health enhancing activities, the following policy is issued.

B. POLICY:

1. The Utah Department of Health encourages all of its employees to engage in a regular program of exercise and health improvement (unless existing medical conditions make such a program inadvisable).
2. With the written approval of Bureau/Unit Director, employees who wish to exercise during the work day may be granted thirty minutes per day, for a maximum of three times per week (See Attachment #1 - Employee Request for Exercise Time). The time for this activity shall be determined by agreement between the employee and his/her immediate supervisor so as not to interfere with normal work requirements. Supervisors are encouraged, where possible, to schedule working hours such that any employee who wishes to participate in an exercise program may do so.
3. Exercise programs, such as structured aerobics, walking, jogging, swimming, and bicycling, and weight control programs, are examples of programs that qualify for approval. However, other appropriate exercise programs may be approved.
4. Supervisors are encouraged to contact the Healthy Utah Program if there is some concern regarding the appropriateness of activities for which approval is requested.
5. The immediate supervisor must approve schedule modifications or variations to the original Employee Request for Exercise and Health Activity Release Time.
6. Renewal or continuation of approval to participate in exercise and/or health activities subject to this policy shall be reviewed

annually, preferably during the employee's performance review.

7. Employees on formal corrective or disciplinary action are not eligible to participate in this program.
8. Employees needing information on exercise safety, personal exercise prescriptions and assessments are encouraged to call Healthy Utah at (801) 538-6261.

**State of Utah
Department of Health**

**Employee Request For Exercise
And Health Activity Time**

In accordance with Department of Health 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 Department policy on Exercise and Health Activity Time will be followed.

Employee Signature

Date

Print Name

Employee ID #

*Approved: _____
Immediate Supervisor

Date

*Approved: _____
Bureau/Unit Director

Date

* Approval is an endorsement of policy intent and does not warrant or guarantee freedom from accident or injury.

cc: Personnel File