

Application for Wellness Incentive - Additional Leave

For Completion by Employee

Date _____

Employee Name (Last, First, MI) _____

E-mail Address _____

Supervisor _____

Supervisor's E-mail Address _____

Timekeeper _____

Timekeeper's E-mail Address _____

I have performed the following with medical documentation provided to HR Leave Administration

a. Received a physical examination on _____
Date

AND

b. Completed a health risk assessment on _____
Date

I submit this application to receive additional leave hours based on my weekly scheduled hours of (hours scheduled per week)

Additional leave time will be available after timesheet entry has been completed for the week of the effective date of approved hours.

Attached is the documentation of the above events.

Employee Signature _____

Date _____

For further questions, please contact
Leave Administration
Email: LeaveAdmin@utsa.edu

Submit completed application to
Leave Administration
Email: LeaveAdmin@utsa.edu

For HR Leave Administration Use Only

Received by _____

Date received _____

Number of hours approved _____

Effective date of approved hours _____

Expiration date of approved hours _____

Date employee notified _____

Date supervisor notified _____

Date payroll notified _____