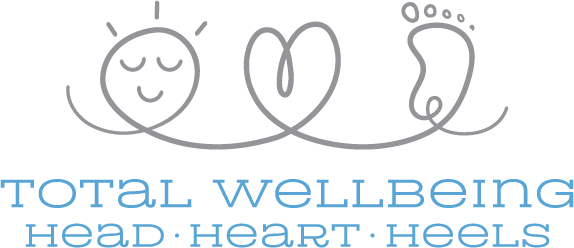
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**Wellness Committee/Workgroup Member:**

**Supervisor Approval Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is passionate about building a culture of health at Carolina, and has/was asked to

(committee member)

serve on the Wellness Committee/Workgroup (Committee) for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(School/Division)

The Committee is part of the university-wide Wellness Champions program, supported by the Office of

Human Resources within Workforce Strategy, Equity and Engagement.

By serving on the Committee, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to participate in monthly committee

(committee member)

meetings and contribute to planning and implementing wellness programs throughout the year.

This is expected to be approximately 4 hours of Committee work a month, which is the amount of time

granted to employees by the North Carolina Office of State Human Resources, pending supervisor support.

By signing this form, you permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve an active role on the Committee

(committee member)

and support their dedication of **4 work hours a month** to Committee tasks, as long as this does not

interfere with essential job tasks. This agreement will be in effect for one year.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee name* |  | *Supervisor name* |
|  |  |  |
| *Employee signature* |  | *Supervisor signature* |
|  |  |  |
| *Date* |  | *Date* |