

FITNESS BREAK APPROVAL FORM

(DATE)

TO: (Name of Supervisor)
(Name of Department)

FROM: (Title of Employee)
(Employee's Department)

In accordance with the Fitness Break Policy and the Healthy People 2020, I would like to request fitness breaks as follows:

(Day of the Work Week)

(Day of the Work Week)

(Day of the Work Week)

(Day of the Work Week)

(Day of the Work Week)

These fitness breaks will be in conjunction with my lunch breaks.

Thank you for your consideration.

(Name of Employee)

APPROVED: _____
Signature Date

DISAPPROVED: _____
Signature Date