



EMPLOYEE PHYSICAL FITNESS CONTRACT

This contract is to signify an agreement between _____
Employee Name

and NNMC to allow the employee to engage in physical fitness activities during work hours.

I agree to abide by the following schedule of activity for the _____ semester Beginning on _____ and ending _____, and understand that missed fitness periods may not be accumulated or used for any personal business.

DAY _____ TIME _____

ACTIVITY _____ LOCATION _____

I further agree to notify my immediate supervisor should this schedule be altered, modified or should I cease the activity(s) indicated above. I further agree to provide my supervisor with a copy of the approved agreement.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Approved _____ Disapproved _____

Comments: _____