



Certification of Physical Examination

By signing this form, I certify that I received a physical examination as required by Texas Government Code 664.061(a) to be eligible for Wellness Leave.

This form must be accompanied by the Health Risk Assessment (HRA), certificate of completion in order to be eligible for 8 hours of wellness leave. (This form alone will only qualify the employee for 4 hours of wellness leave).

I understand this leave must be used by August 31st, each year or it will be forfeited. This leave will not be paid out upon separation of employment.

Print Name

Signature

R#

Date

For HR Use Only

Date leave hours added _____

HRA Attached Yes _____ No _____

Number of hours _____

Processed By: _____