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OXNARD SCHOOL DISTRICT

1051 South “A” Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

**REQUEST FOR RELEASE TIME FOR WELLNESS ACTIVITY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Structured Wellness Activity (Please Check):**

Positive Psychology

Mindfulness or Similar Meditative Practices

Traditional Relaxation Practices

Psychoneuroimmunology

Other (Brief Description)

**(Attach supporting document(s))**

**Professional Growth Objective for this activity: (e.g. Skills you will acquire)**

Employee Signature Supervisor Signature

***Revised 2/13/2020***