

PARTICIPANT ENROLLMENT APPROVAL FORM

THIS FORM AUTHORIZES PARTICIPATION IN THE CIVILIAN FITNESS PROGRAM. DURING THIS PROGRAM YOUR TIME CARD WILL BE ANNOTATED WITH THREE (3) HOURS (LN) ADMINISTRATIVE LEAVE FOR EXERCISE THREE TIMES A WEEK. YOU AND YOUR SUPERVISOR NEED TO AGREE UPON THE DAYS, TIME AND LOCATION ON JBLM THAT YOU WILL BE EXERCISING.

YOUR SUPERVISOR WILL NEED TO SIGN THIS FORM AND A COPY OF THIS SIGNED FORM NEEDS TO BE GIVEN TO YOUR TIME KEEPER SO THEY CAN ANNOTATE "LN" ON YOUR TIME CARD FOR YOUR ALLOTTED EXERCISE PERIODS.

YOU ARE ENCOURAGED TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

THE PROGRAM STARTS FOR THE PARTICIPANT ON THE DAY OF THEIR INITIAL CIVILIAN FITNESS ASSESSMENT AND WILL END 6 MONTHS LATER.

_____ has applied to participate in the Civilian Fitness Program for six months.

FOR USE BY WELLNESS CENTER PERSONNEL ONLY: The Participant's application has been reviewed and is: (only circled letters apply)

1. Accepted into the Civilian Fitness Program starting today. All documentation has been received and is complete. TIME CARDS will be annotated with the Administrative code (LN) for 3 hours per week for 6 months during their participation in the Civilian Fitness Program. The employee's 3 hours/week must be participating in a fitness activity on JBLM.
2. Not approved to continue the program until the Civilian Fitness Coordinator receives the Supervisor's Signature on the Participation Agreement.
3. Not approved to continue the program until the Civilian Fitness Coordinator receives a signed Health Care Provider's Approval form.

-- INITIAL ASSESSMENT DATE _____

-- FINAL ASSESSMENT DATE _____

Within one month of your initial start date, you have the opportunity to **officially drop enrollment notifying your supervisor. By doing so, you will maintain your eligibility to enroll at a later date.**

DATE _____

PARTICIPANT'S SIGNATURE _____

DATE _____

SUPERVISOR'S SIGNATURE _____

SUPERVISOR / EMPLOYEE PARTICIPATION FORM

***Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the completed Enrollment Approval Form and give it to your supervisor.**

Name of Employee: _____

Employees Phone #: _____ Employee's E-mail: _____

Worksite/Unit: _____ Work phone: _____ FAX : _____

Name of Supervisor: _____ Supervisor's Phone #: _____ E-mail: _____

AGREEMENT

1. We understand and agree that (employee's name) _____ will be participating in the command-sponsored Civilian Fitness Program. Up to 3 hours each week for a period of 6 consecutive months beginning _____ (Civilian Fitness Wellness Assessment Date) and ending _____ (6 months after Wellness Assessment Date). We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week _____/_____/_____, at the following inclusive time _____ to _____, and at the following location _____.

2. We also understand and agree that:

- You have the opportunity to discontinue this program within 1 month from your official start date and keep your eligibility to enroll at a later time.
- Participants will attend 3 wellness education classes offered during the 6 month period. Time allotted to attend classes is approved as additional training and charged to Administrative Leave.
- Exercise sessions will start and finish on the installation where the employee is located.
- Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.
- Unused exercise hours may not be carried forward to subsequent weeks.
- The program end date will not be extended to make up for exercise periods missed because of leave, temporary duty, or other reasons.
- No additional duty time is automatically authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.
- Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.
- Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.
- Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.
- Failure to complete the final assessment may result in an "Incomplete" notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the allotted "Administrative Leave" time for the program be replaced as "Annual Leave". Administrative leave should be coded in ATAAPS.

3. As a participant, I will sign in at the gym prior to my exercise session. I understand that I must complete the final wellness assessment to complete the program. My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Enrollment Approval Form stating that I have met all requirements to begin the program. I understand, that this is a once in a career opportunity, and certify that I have not been enrolled in the Civilian Fitness Program at any other location before.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Physician Release For Activity/Exercise Program

Dear Dr. _____

The following individual has indicated that you are his/her primary physician. This individual has shown interest in beginning a moderate to vigorous activity/exercise program with the Civilian Fitness Program. Please provide us with your recommendations regarding activity/exercise prescription for this individual and any restrictions and/or limitations that would limit this individual's participation in an exercise program. Thank you for your cooperation.

Participant/Patient Name

Physicians Recommendation

___ Patient may participate in unrestricted physical activity.

___ Patient may participate in light to moderate physical activity.

___ Patient should not participate in activity at this time.

___ Patient may participate in the following activities:

Please specify any restrictions or limitations you feel appropriate.

Physician: _____ **Telephone:** _____

Signature: _____ **Date:** _____

JBLM-MADIGAN CIVILIAN FITNESS PROGRAM INFORMATION PAPER

1. SUBJECT: The Civilian Fitness Program

2. REFERENCES:

- a. AR 600-63, Army Health Promotion, May 2007
- b. DA Message R 261625Z Mar 96, Subj: Civilian Health Promotion Programs
- c. AR 190-56, The Army Civilian Policy and Security Guard Program
- d. The Civilian Fitness Program Manual

3. MAJOR POINTS

- a. The US Army affords full time civilian employees (full time GS employees, not contractors) the opportunity to sign up for a one time, six (6) month training program, called the Civilian Fitness Program (CFP). This program allows for employees to use up to three (3) hours of their forty (40) hour work week in paid time to complete physical training to improve their health and wellness with the supervisor's approval. This opportunity can only be completed once by the employee and is equal to seventy-two (72) hours of paid time off by the government. Further time off cannot be approved without congressional approval of the use of tax payer dollars. However, after completion of the program, with supervisor approval, employees may work a "flex-time" approach to incorporate their physical training or work out into their work day as long as mission essential requirements are not compromised and a forty (40) hour work week is completed by the employee.
- b. The CFP is allowed for a one-time, six (6) month period. The evidence contained within the literature "Prochaska's Stages of Change Theory" supports that an individual who maintains a lifestyle habit for six months, will have incorporated that healthy behavior into their daily routine. Employees should be allowed, when approved for the program, every opportunity to use their approved time in physical training in order to create a long term life-style behavior change. Additionally, this program is time limited as supervisors do not have the authority to grant additional leave outside of this program as it is unauthorized to provide any additional time off from the forty (40) hour work week other than what is established in the regulation. Supervisors are responsible for ensuring that employees complete all aspects of the program requirements as provided by the local program administrators.
- c. Research evidence suggests that employees who participate in fitness programs as a part of their work week have the following results: lower absentee rates, lower reports of stress, higher productivity, less sick time use and have higher levels of work force morale. Encouraging healthy behaviors in the work force is to the benefit of any supervisor and will enhance the health and fitness of the Army as a whole.
- d. For civilians who are required to maintain a level of fitness for their job in accordance with AR 190-56 (fire fighters, police officers, security guards, etc.), the Army allows supervisors to establish local fitness programs or training regimens for these individuals so that they can maintain the desired level of fitness to complete these jobs. This fitness program is separate from the Civilian Fitness Program, and is specific to the indicated job series in the regulation, but may be administered in conjunction with a local Civilian Fitness Program as agreed upon by the supervisor and the CFP program manager.

4. POC for this document is your Supervisor.