USAG-BAVARIA CFHPP PARTICIPATION AGREEMENT

1. Employee Request

I (Name) _____ request approval to participate in the Civilian Fitness and Health Promotion Program (CFHPP) as follows:

_____I agree to submit an Administrative Leave request to my supervisor for each fitness activity encounter in the appropriate time management system. I understand I may be granted up to three (3) hours per week (no more than one (1) hour per day, no more than 80 hours in a calendar year) to participate in the program. *Note: Part-time employee's hours will be prorated per the policy.

_____I have read the USAG Bavaria Civilian Fitness and Health Promotion Program Policy and agree to comply with all requirements; and that participation in the CFHPP is subject to mission requirements and may be interrupted, suspended or cancelled by my supervisor and/or commander.

_____I understand I am self-certifying that I am not aware of any medical conditions or limitations that would put me at risk of injury or illness while participating in the program. I will notify my supervisor if my ability to participate in physical fitness activities becomes limited in any manner. I will promptly notify my supervisor of any injury I sustain while engaged in the CFHPP.

_____I understand that my participation in the program is voluntary. Participation is not an entitlement and is subject to approval by my supervisor as directed by mission requirements.

Fitness Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

_____ I understand that if I am on leave status, sick leave, or TDY or unable to participate at times due to mission requirements at any time, I cannot reschedule the missed events.

_____ I understand that the Employee Assistance Program Coordinator (EAPC) must acknowledge receipt of this agreement once signed by my supervisor and I will be required to take a Participant Assessment Survey annually provided by the (EAPC).

Employee Signature/Date: _____

2. **Supervisor Decision** (Mark one action below, complete and sign)

_____The employee has been APPROVED to participate in the program without restriction. However, I retain the right to cancel or amend program participation as necessary, subject to workload and/or mission requirements.

_____The employee's use of regularly scheduled Administrative Leave is APPROVED subject to the following modifications. However, I retain the right to cancel or amend program participation as necessary, subject to workload and/or mission requirements.
Modifications: _____
_____

_____The request for participation in the CFHPP is currently DENIED for the following reason(s):_____
_____

Supervisor's Name/Signature and Date: _____

3. **Employee Assistance Program Coordinator**

a. Desired results/goals: _____

b. Discuss Participant Survey: _____

EAPC Signature and Date: _____acknowledge receipt of agreement.