



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON DAEGU
OPC 305 BOX 23
APO AP 96218-9001

AMIM-DAH-W (100)

5 February 2026

MEMORANDUM FOR All Personnel Assigned to the United States Army Garrison Daegu

SUBJECT: United States Army Garrison (USAG) Daegu Command Policy Letter #26-54 Army Civilian Wellness Program (ACWP)

1. References:

- a. DOD Instruction 1010.10 (Health Promotion and Disease Prevention), 28 April
- b. Army Regulation 600-63, Army Health Promotion, 14 April 2015.
- c. Army Directive 2021-03 (Army Civilian & Health Promotion Program), 18 January 2021.

2. In an effort to facilitate a philosophy of wellness and health promotion, this policy establishes my ACWP. Physical fitness is defined as a set of attributes an individual must have or achieve that relates to the ability to perform physical activity. Likewise, my goals are to promote individual healthy lifestyles, work life balance, physical fitness, and overall well-being.

3. To further promote health and fitness, Army Civilian employees, both Appropriated and Non-Appropriated Fund, are permitted to engage in a regular program of exercise and in other positive healthy habits. The ACWP authorizes a maximum of one hour of excused absence per day for up to three hours per week, 80 hours per year. Participation in the program is not an employee entitlement and is contingent upon supervisory approval and subject to workload or mission requirements. The program is completely voluntary for Civilian employees. The three hour absence consists of the total time away from the worksite to include time for changing clothes, showering, and traveling to and from the physical fitness/wellness location; and may be combined with the regularly scheduled lunch period. However, if combined with the lunch period, the excused absence will not exceed thirty minutes, for a total absence of one hour and thirty minutes away from the worksite. Unused time from previous weeks may not be carried over from week to week.

4. Additionally, if an employee is unexpectedly away from the worksite for longer than the approved period of excused absence, they may request the use of an appropriate leave status subject to supervisory approval. If the employee does not request, or the supervisor denies the request for the use of leave, the employee will be charged absent without leave (AWOL). Individuals serving on a Performance Improvement Plan (PIP),

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who are subject to leave restrictions, or who have been formally disciplined for misconduct related to dishonesty or lack of candor, at any time while participating or within the past year, are ineligible to partake in the program.

5. Overtime and/or compensatory time may not be approved to allow for participation in the program. If work requirements do not allow for an employee to use excused absence during the workday, the use of alternative work schedules (AWS) is encouraged in accordance with the installation AWS guidance. This includes allowing the employee to participate in wellness/fitness activities before or after work in a nonpaid, nonduty status. For example, if a peak period of workload requires an employee to work for a full eight hour period, and cannot be spared for Excused Absence, the employee may be allowed to change their schedule from 0800-1630 to 0900-1730 to allow them to participate in a nonpaid, nonduty status.

6. Misuse of this program is a workplace infraction and subject to disciplinary actions. Supervisors are responsible for ensuring the program is not compromised or abused and have the authority to revoke privileges based on a finding of an employee's failure to comply with the terms of the program.

7. This policy will remain in effect until superseded or rescinded.

8. The point of contact for this policy is the Workforce Development Specialist, DSN 763-4928.

2 Encls

1. Participation Agreement
2. Program Readiness Questionnaire
and Self Certification

JEFFREY D. NOLL
COL, IN
Commanding

Enclosure 1
Army Civilian Fitness and Health Promotion Program Agreement

In accordance with Army Directive 2021-03, Army Civilian Fitness and Health Promotion Program, senior leaders have the discretionary authority to implement and administer a fitness and health promotion program in their respective organizations. The goal of the program is to enhance the health, fitness, and quality of life of Department of the Army Civilian Professionals (ACPs) while increasing organizational wellness and mission productivity.

Subject to governing law, regulation, and policy, ACPs may be granted up to 3 hours of administrative leave per week (no more than 1 hour per day and not more than a total of 80 hours for all administrative leave in a calendar year) to participate in a command-sponsored fitness and health promotion program, including physical fitness activities, preventive health events, education on health promotion topics and any other activities covered by the program. Available installation or on-site fitness facilities should be used to the maximum extent practicable. Fitness periods include the time used for changing clothes, showering, and travel to and from the exercise location.

I understand participation is voluntary and subject to approval by my supervisor.

I understand that physical fitness activities must be specifically targeted at improving fitness levels or body conditioning.

I understand that specific times for participation will be dictated by mission requirements, approved in advance by my supervisor and must be accounted for by entering Administrative Leave "LN" and selecting Physical Fitness "PF" in the Automated Time Attendance and Productions System.

I understand my supervisor retains authority to schedule and assign work and will carefully balance mission requirements, workload and personnel availability.

I understand I must report to my workstation before and after each authorized fitness period. If I am working from an alternate location, I must log in to the network prior to and after my fitness period and notify my supervisor of my status.

I understand that fitness periods may be combined with regularly scheduled lunch periods with supervisory approval. If I am away from my workplace longer than the approved period of excused absence, I will request to be placed in an appropriate leave status.

I understand fitness periods do not accumulate and do not carry over to the next day or week.

I understand that failure to use fitness time appropriately or misconduct during these periods may be considered workplace infractions subject to disciplinary action.

I certify that I am not aware of any medical conditions or limitations that would put me at risk of injury or illness while participating in this program. I understand that injuries occurring during fitness as part of this program must be promptly reported to my immediate supervisor.

Program _____

Program Duration _____

Fitness Program Days/Time _____

*** Subject to supervisory approval, fitness days/times may be modified**

Employee's Signature

Supervisor's Signature

Enclosure 2
Program Readiness Questionnaire and Self Certification

Section I – Personal Information

Employee's Name _____

Directorate/Office _____

Supervisor's Name _____

Date _____

Section II – Health Screening Questions

Please circle appropriate answers (i.e., yes, no, na) for each question:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?	Yes/No
When you do physical activity, do you feel pain in your chest?	Yes/No
When you were not doing physical activity, have you had chest pain in the past month?	Yes/No
Do you ever lose consciousness or do you lose your balance because of dizziness?	Yes/No
Do you have a joint or bone problem that may be made worse by a change in your physical activity?	Yes/No
Is a physician currently prescribing medications for your blood pressure or heart condition?	Yes/No
Are you pregnant?	Yes/No/NA
Do you have insulin dependent diabetes?	Yes/No
Are you 69 years of age or older?	Yes/No
Do you know of any other reason you should not exercise or increase your physical activity?	Yes/No

If you answered 'YES' to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes.

Section III – Certification Statement

- I certify that:
- I have answered the above questions truthfully and to the best of my knowledge.
- I understand that if I answered “Yes” to any question, I may be required to obtain medical clearance before participating.
- I understand that participation in the Civilian Fitness Program is voluntary and subject to supervisory approval.

Employee’s Signature

Section IV – Readiness Commitment

- I understand that participation is voluntary and subject to supervisory approval.
- I affirm that I am ready to commit to regular wellness activities as part of the program.
- I will notify my supervisor and seek medical guidance if my health status changes.

Employee’s Signature