

REGISTRATION APPLICATION
(Request for Approval of Administrative Leave) for Civilian Fitness Activities

PRIVACY ACT STATEMENT

Authority: Army Directive 2021-03, (Army Civilian Fitness and Health Promotion Program).

Purpose: Information collected is used to enroll in USAG Humphreys Civilian Fitness and Health Promotion Program.

Routine Use: None.

Disclosure: Voluntary.

Rules of Use: Rules for collecting, using, retaining, and safeguarding this information are contained in the Directorate of Human Resources, Workforce Development Office. Privacy Act system of records notice identified as OPM/Govt-10, entitled "Employee Medical File System Records" available at <http://dpclo.defense.gov/privacy/SORNs/govt/OPMGOVT-10.html>

EMPLOYEE REQUEST

I, _____, request approval of administrative leave not to exceed 1 hour per day or not to exceed 3 days per week, for the sole purpose of participating in civilian wellness/fitness activities.

I understand (employee must acknowledge each item):

I should participate in civilian fitness activities using installation facilities (if available) during any period of administrative leave for such activities.

Yes/No

I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participate in the fitness/wellness program.

Yes/No

My participation is subject to supervisory scheduling and approval. I understand that periods of participation for short periods of time may be disallowed by my supervisor or designated management official during workload surges to include periods of mandatory overtime.

Yes/No

I must provide timekeeper and/or supervisor with information necessary to appropriately code timesheets for administrative leave (LNPF for APF and WSLV for NAF) along with remark "Wellness/Fitness Program."

Yes/No

In order to enhance mission effectiveness, I must make every effort to improve my health and well-being during any period of administrative leave for the purpose of civilian fitness.

Yes/No

Should my ability to participate in civilian wellness/fitness activities become limited in any manner; I will notify my supervisor immediately.

Yes/No

PROJECTED DAYS AND TIMES FOR FITNESS ACTIVITIES

DAY 1		DAY 2		DAY 3	
FROM	TO	FROM	TO	FROM	TO
LOCATION			NATURE OF FITNESS ACTIVITIES		

EMPLOYEE'S SIGNATURE & DATE SIGNED

Save the completed form for your records and give a copy for your supervisor's records.

SUPERVISOR DECISION

ADMINISTRATIVE LEAVE IS APPROVED DISAPPROVED	SUPERVISOR'S SIGNATURE & DATE SIGNED
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