

**ANNEX B – Participation Agreement**

**IMCOM PROGRAM PARTICIPATION AGREEMENT**

**EMPLOYEE REQUEST:** (Complete in entirety, sign, and provide to your supervisor)

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 IMCOM Civilian Fitness and Health Promotion Program policy and agree to comply with all requirements.

\_\_\_\_\_ I certify that, to the best of my knowledge, 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 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.

\_\_\_\_\_  
Employee's Name and Signature

\_\_\_\_\_  
Date

**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 requested participation in the CFHPP is currently DENIED for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name and Signature

\_\_\_\_\_  
Date