

**OSD/JCS/WHS CIVILIAN FITNESS WELLNESS PROGRAM (CFWP)
WELLNESS AGREEMENT**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; Director of Administration and Management memorandum, Civilian Fitness and Wellness Program (CFWP), February 10, 2011.

PRINCIPAL PURPOSE(S): To document the employee's request to establish a Wellness Agreement and the supervisor's decision.

ROUTINE USE(S): None. The DoD Blanket Routine Uses (http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) apply.

DISCLOSURE: Voluntary; however, you may not be allowed to participate in the Civilian Fitness and Wellness Program unless the form is completed.

1. EMPLOYEE REQUEST

An employee requesting participation in the CFWP must complete the following Agreement in its entirety to be eligible for participation in the CFWP.

I, (*print name*) _____, request approval to participate in the CFWP as follows:

_____ I request the use of regularly scheduled Administrative Leave (Wellness) as indicated below:

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Regular Work Hours	From:							
	To:							
CFWP Hours	From:							
	To:							

OR

_____ I request the use of intermittent Administrative Leave (Wellness). (I understand that I must obtain supervisory approval for each requested use of Administrative Leave (Wellness) prior to using.)

_____ I have read the CFWP and agree to comply with all requirements.

_____ 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 participated in the CFWP.

_____ I understand that participation in the CFWP is not an entitlement and is subject to supervisory approval.

Employee's Signature _____

Date _____

2. SUPERVISOR DECISION

_____ The use of regularly scheduled Administrative Leave (Wellness) is approved:

As requested. OR

Only on the following days and times (*for the reasons specified below*):

However, I retain the right to cancel or amend as necessary, subject to workload and/or mission requirements.

OR

_____ The use of intermittent Administrative Leave (Wellness) is approved, with the understanding that the employee must request supervisory approval prior to each use of Administrative Leave (Wellness). I retain the right to disapprove as necessary, subject to workload and/or mission requirements.

OR

_____ Participation in the CFWP is denied for the following reasons:

Supervisor's Signature _____

Date _____

Form will be maintained by Supervisor.