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

n and Manag	gement memorar	ndum, Civilian F	itness and Welln	ess Program (CFV	WP), February 10	0, 2011.		
PURPOSE	(S): To docume	nt the employee'	's request to estal	olish a Wellness A	greement and th	ne supervisor's d	lecision.	
SE(S): Non	e. The DoD Bla	anket Routine Us	ses (http://dpclo.o	defense.gov/priva	cy/SORNs/blank	cet_routine_uses	s.html) apply.	
E: Volunta	ry; however, you	a may not be allo	owed to participa	te in the Civilian	Fitness and Well	lness Program u	nless the form is	
		ion in the CFW	/P must comple	ete the following	g Agreement in	its entirety to	be eligible for	
				, request appro	oval to participa	ate in the CFW	VP as follows:	
I request th	e use of regula	arly scheduled	Administrative	Leave (Wellnes	ss) as indicated	below:		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From:								
То:								
From:								
To:								
I request th	ne use of intern	nittent Adminis	OR strative Leave (Wellness). (I u	nderstand that l	I must obtain s	supervisorv	
approval fo	or each request	ed use of Admi	inistrative Leav	ve (Wellness) pr			aper risory	
I have read	the CFWP and	d agree to comp	ply with all req	uirements.				
					s or limitations	that would pu	it me at risk of	
I understan	d that participa	ation in the CF	WP is not an er	ntitlement and is	subject to supe	ervisory appro	val.	
Employee's Signature					Date			
SOR DECIS	SION							
The use of	regularly sche	duled Adminis	trative Leave (Wellness) is app	roved:			
As requested. OR								
Only	on the followi	ing days and tir	mes (for the reaso	ns specified below):				
II							:	
nowever, i	retain the rigi	it to cancer or a	OR	sary, subject to	workioau aliu/(or mission requ	arrements.	
request sup	ervisory appro	oval prior to eac	ch use of Admi	nistrative Leave				
Participatio	on in the CFW	P is denied for	OR the following r	easons:				
Supervisor's Signature					Date			
		Form w	vill be maintain	ed by Superviso	or.			
	PURPOSE SE(S): Non E: Volunta EE REQUES Oyee reques in the CFV To: From: To: I request the approval for the read I certify the injury or rise to the certify the use of the certify the use of the certify the certification of the certification o	PURPOSE(S): To docume SE(S): None. The DoD Black: Voluntary; however, you see requesting participate in the CFWP. I request the use of regulary supproval for each request I have read the CFWP and I certify that, to the best of injury or risk of harm to refer the use of regulary schemes as Signature. SOR DECISION The use of regularly schemes as requested. Only on the following the use of intermittent Addrequest supervisory approvas necessary, subject to we participation in the CFWP.	PURPOSE(S): To document the employee's SE(S): None. The DoD Blanket Routine Use: Voluntary; however, you may not be allowed: Voluntary; however, you may not be allowed: EREQUEST by ee requesting participation in the CFW of in the CFWP. I request the use of regularly scheduled with the CFWP. I request the use of intermittent Administrative approval for each requested use of Administrative and the CFWP and agree to complete the co	PURPOSE(S): To document the employee's request to estal SE(S): None. The DoD Blanket Routine Uses (http://dpclos.de: Voluntary; however, you may not be allowed to participate. Exequest the use of regularly scheduled Administrative in the CFWP. I request the use of regularly scheduled Administrative Sunday Monday Tuesday From: To: OR I request the use of intermittent Administrative Leave (approval for each requested use of Administrative Leave (approval for each requested use of Administrative Leave (approval for each requested use of my knowledge, I have no minipry or risk of harm to my health if I participated in the I understand that participation in the CFWP is not an error signature SOR DECISION The use of regularly scheduled Administrative Leave (Complete Intermittent Administrative Leave (Complete Intermittent In	PURPOSE(S): To document the employee's request to establish a Wellness A SE(S): None. The DoD Blanket Routine Uses (http://dpclo.defense.gov/private: Voluntary; however, you may not be allowed to participate in the Civilian and the CFWP. FREQUEST	PURPOSE(S): To document the employee's request to establish a Wellness Agreement and it SE(S): None. The DoD Blanket Routine Uses (http://dpclo.defense.gov/privacy/SORNs/blank E: Voluntary; however, you may not be allowed to participate in the Civilian Fitness and Well EREQUEST Doyce requesting participation in the CFWP must complete the following Agreement in in the CFWP. To: Trequest the use of regularly scheduled Administrative Leave (Wellness) as indicated to participate in the Use of intermittent Administrative Leave (Wellness). (I understand that approval for each requested use of Administrative Leave (Wellness) prior to using.) It have read the CFWP and agree to comply with all requirements. It certify that, to the best of my knowledge, I have no medical conditions or limitations 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 suppose a Signature SOR 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 OR The use of intermittent Administrative Leave (Wellness) is approved, with the underst request supervisory approval prior to each use of Administrative Leave (Wellness). I as necessary, subject to workload and/or mission requirements. OR Participation in the CFWP is denied for the following reasons:	pyce requesting participation in the CFWP must complete the following Agreement in its entirety to in the CFWP. request approval to participate in the CFW request the use of regularly scheduled Administrative Leave (Wellness) as indicated below: Sunday Monday Tuesday Wednesday Thursday Friday	