

IMCOM CFHPP 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