



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON WIESBADEN
UNIT 29623
APO AE 09005-9623

IMWB-ZA

21 NOV 2018

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy #48 – Civilian Fitness Program

1. References.

- a. AR 600-63, Army Health Promotion, 14 April 2015.
- b. AE PAM 690-630, Excused Absence, 26 April 2011
- c. IMCOM Command Policy #17 – Civilian Wellness, 12 May 2014.

2. Purpose. Army Civilian Fitness Program (CFP) is a Department of the Army program intended to encourage and motivate civilian employees to develop healthy lifestyles and enhance their quality of life and productivity.

3. Applicability. This policy applies to all United States Army Garrison Wiesbaden full-time Non-appropriated Fund (NAF), Appropriated Fund (AF), and Local National (LN) civilian employees. This policy does not apply to contractors assigned to USAG Wiesbaden.

4. Background. This policy encourages active participation in fitness activities to promote and maintain employee health, enhance quality of life, increase productivity, and improve morale among participants. This CFP policy allows supervisors to authorize up to three hours of paid excused absence per week to participate in physical fitness activities.

5. Policy.

- a. Participation in the CFP established under this authority may include up to three hours of duty time per week. The three hours of excused absence per week includes total time away from the worksite to include time for changing clothes, showering, and traveling to/from the fitness location.
- b. Duration of the program is not to exceed six months. The CFP is offered one time only per person per tenure with the US Army.

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c. Use of duty time (excused absence) for participation in the CFP must be approved by the first-level supervisor. Workload and mission impact are the key elements in making the approval decision.

d. Excused absences for the CFP participation may be used at any time during the workday to include the beginning and end of the duty day or in conjunction with other forms of leave with supervisory approval.

e. Excused absences for the CFP participation may be combined with the regularly scheduled non-paid lunch period (usually one hour between 1100-1300 hrs.) with supervisory approval.

f. Unused time from a previous week may not be carried forward to subsequent weeks nor used for any other purpose.

g. Employees must certify that they have been cleared by a medical provider or other appropriate medical authority to participate in the CFP.

h. Employee participation in the CFP is not an entitlement and is strictly voluntary.

i. A CFP activity is any activity designed to improve or maintain an employee's cardiovascular endurance, muscular strength and endurance, flexibility, and body composition.

6. General Responsibilities.

a. Managers and Supervisors.

(1) Approve or disapprove their employees' CFP participation.

(2) Ensure employees provide the CFP Enrollment Packet

(3) Notify the employee whether the request for CFP participation is approved or disapproved. If CFP participation is disapproved, supervisors must document the reason for denial and communicate the reason to the employee.

(4) Maintain the CFP request in the employee folder.

(5) Will revoke authorization to participate in the CFP if the employee is found to be in violation of the CFP program (e.g., taking an excused absence without exercising).

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(6) May require an employee to change or suspend participation in the fitness program because of mission requirements.

(7) Ensure employees properly annotate CFP participation in the Automated Time, Attendance, and Production System (ATAAPS), BlueForce ePay and Local National Time and Attendance Program (LNTAP). See paragraph 7 below.

b. Employees.

(1) Ensure their supervisor is provided a signed and completed Enrollment Packet.

(2) Notify the supervisor if their ability to participate in the physical fitness activities becomes limited in any manner.

(3) Promptly report to their supervisor any injuries sustained while engaging in the CFP.

(4) Properly request and record excused absence for CFP participation in ATAAPS/BlueForce ePay/LNTAP.

7. CFP Timekeeping Requirements.

a. AF Employees. ATAAPS Users: Employees and time and attendance certifiers must ensure all weekly fitness time is captured in ATAAPS utilizing Administrative Leave, "LN" with Environmental/Hazard/Other code 'PS'. Employees must also complete a corresponding "Leave Request" in ATAAPS annotating "CFP participation" in the "Remarks" block.

b. NAF Employees. Employees and Managers must accurately capture all weekly fitness time in ePay/Blueforce utilizing the "Presidential Fitness Program" dropdown code for employees who are enrolled in the CFP.

c. LN Employees. Employees and Managers must accurately capture all weekly fitness time in Local National Time and Attendance Program utilizing Pay Code: 004 in conjunction with Reference Code: ADMLV5 Army Fitness Program for employees who are enrolled in the CFP.

8. Procedure.

a. CFP Participants will:

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- (1) Pick up the CFP enrollment Packet from the Directorate of Human Resources/Workforce Development in building 1023E and review the packet.
- (2) Discuss your plan to participate in the CFP with your first-level supervisor. If both of you agree to the plan, read and sign the Civilian Fitness Agreement (page 2).
- (3) Obtain medical approval from the physician to participate in physical fitness activities.
- (4) Submit a completed enrollment packet to your supervisor for final approval. The supervisor will maintain a copy of the approved CFP packet in the employee file
- (5) Begin and complete your 6-month fitness program. Ensure all weekly CFP time is captured in the appropriate employee time keeping system.
- (6) After completing the CFP, provide feedback about your participation by completing the questionnaire included in the packet and returning it to Workforce Development in building 1023E room 268 or room 267.

9. Point of contact for this policy letter is Mr. M. Lorenzo Heller, ASAP Program Manager, email: michael.l.helle4.civ@mail.mil, DSN: 548-1400.


NOAH C. CLOUD
COL, FI
Commanding

DISTRIBUTION:
Garrison Directors

USAG WIESBADEN
Civilian Fitness Program
Enrollment Packet

Completed packet must be reviewed and maintained by yourself and your supervisor.

Congratulations on taking the first step to *getting* fit and *staying* fit!

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Point of contact: ASAP Program Office - DSN 548-1412/1402/1400

Civilian Fitness Agreement

I, _____, have volunteered to participate in a 6-month/3 hour per week Civilian Fitness Program under the guidance of the Department of the Army G1 Civilian Fitness Program guidelines. The program may consist of self-directed exercise, walking groups, strengthening exercises, limited weight training exercises, and other activities designed to improve individual wellness levels.

I understand participation in the CFP is subject to mission requirement and may interrupted, suspended or cancelled by my supervisor and/or commander. A new agreement can be established to complete the remainder of the 6-month period of time.

I understand that if I am on unpaid leave status, sick leave, or TDY during the 6-month period, I cannot reschedule the missed events and will not be able to extend my enrollment.

I understand I must obtain medical approval by a physician to participate in the CFP and I will notify my supervisor if my ability to participate in physical fitness activities become limited in any manner. I will promptly notify my supervisor of any injury I sustain while engaged in the CFP.

Program start date: _____

Program end date: _____

Fitness schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

Participant Name (Please Print): _____

Participant's Signature: _____ Date: _____

I agree to and approve the above named employee's participation in a scheduled fitness program.

Supervisor Name (Please Print): _____

Supervisor's Signature: _____ Date: _____

MEDICAL APPROVAL BY PHYSICIAN

Patient Name (print): _____ Phone: _____

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at **any** time he or she desires.

Note ** If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

Physician's Signature: _____ Date _____

Physician's Print Name/Stamp: _____

Office telephone number: _____

Email Address: _____

Civilian Fitness Program Outcome Questionnaire

Your feedback will be used to help track the combined efforts and outcomes of those participating in the CFP. You can drop the questionnaire in building 1023E room 268 or email it to ghenet.ezazgimmi.ln@mail.mil.

1. My primary goal for participating in the Civilian Fitness Program was
(Circle all that apply)

Weight loss

Increase muscle mass

Feel healthier

Like to exercise

Other: _____

2. I began to see noticeable changes from exercising after (circle one)

1 week

2 weeks

3 weeks

4 weeks

5 weeks

I did not see any noticeable changes

3. The facilities and programs I used during the CFP (circle one)

Exceeded my needs

Met my needs

Did not meet my needs

Comments: _____

4. My CFP participation resulted in (circle all that apply)

Increased energy

Better sleep

Better nutrition choices

Better focus at work

Decrease in weight

Better physique

Feeling healthier

5. Will you continue to work out on your own time?

Yes No

Why or why not?

