**STATE OF IDAHO MILITARY DIVISION**
**Headquarters, Idaho National Guard**
**4040 W. Guard Street**
**Boise, Idaho 83705-5004**

**IMD - 2**
**15 October 2010**

# IDAHO MILITARY DIVISION PHYSICAL FITNESS PROGRAM
## Human Resources Office

OPR: JFHQ-ID/J1HR
Replaces IMD-2
Dated 1 July 2010

Certified By: Maj Gen Sayler
Pages 7

DISTRIBUTION Electronic:

**This document has been updated to reflect the Idaho Military Division numbering system**

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**1. Purpose.** The Idaho Military Division Physical Fitness Program provides a work-related, voluntary physical fitness program for all full-time employees of the Idaho National Guard, including state employees of the Military Division.

**2. Responsibility.**

a. Supervisors and program participants will maintain both a continuity of work and control of the program. Supervisors will ensure that all sections remain operational during established duty hours, while allowing employees to participate based on existing workload. Mission accomplishment will remain the primary priority.

b. Physical fitness is a personal and military responsibility. Moreover, it is well-recognized that physically fit employees are healthier, happier, and more productive. This program authorizes voluntary participation during official time for all employees to

participate in physical fitness activities. Participation in a fitness program is required for ARNG AGR personnel, who must comply with ongoing physical fitness requirements.

c. Participants should educate themselves regarding their health and physical limitations before starting a new fitness program. If you are not already in a physical fitness program, we recommend that you consult with a physician to obtain advice on a fitness program that will meet your personal goals and physical abilities. Except for ARNG AGR personnel, no one will be required to participate, and supervisors may not initiate adverse action for non-participation.

d. Except for ARNG AGR personnel, participants must complete a Statement of Understanding and Liability (*See* IDNG Form 4R, Attachment 1) prior to starting this program. Supervisors will maintain the completed statement on file and establish and maintain a "Sign-In / Sign-Out Register" (*See* IDNG Form 5R, Attachment 2) in the work place. Participating employees are required to sign-out at the beginning and sign-in at the end of every exercise period, including exercise periods at the beginning and end of the duty day. This requirement for documentation is necessary in the event of injury, to ensure accountability for Worker's Compensation Programs and Line of Duty determinations. Supervisors may reproduce both forms locally.

e. Abuse of the Physical Fitness program will not normally result in revocation of the privilege, but employees who abuse this program will be counseled, and, if deemed appropriate, be disciplined in accordance with applicable employment regulations.

**3. Uniforms.** Military uniforms may be worn during physical fitness training. If the appropriate Army or Air Force military uniform is worn, such wear must be consistent with controlling uniform regulations and/or instructions, and not mixed with civilian clothing. Participating personnel may also choose to wear appropriate civilian fitness clothing provided by themselves at no expense to the government.

**4. Use of Official Time.**

a. Except as noted below, this program authorizes not more than three (3) hours of official time per week for physical fitness training. There is not special status for this program and supervisors will record normal duty for T&A reports.

b. Official time is authorized in one-half or one-hour increments, with a maximum of one per duty day, except as authorized in paragraph 4d. Normal break periods will not be used to provide longer periods, however, the standard lunch break may be used to expand the maximum allowable PT period, not to exceed one and one-half hours (90 minutes). All time used for physical fitness under this program must be coordinated with the immediate supervisor to ensure minimum interference with assigned duties and maximum consideration of employees not participating in the program. If weather precludes outside PT activity on a given day, time may be rescheduled for a different day(s) of the week, but the maximum of one hour per day, unless when combined with the lunch break, and three total hours per week will always apply.

c. Use of official time includes any time required to change clothes, warm-up, cool-down, shower, and travel. These activities are included in the time allowed for physical training and additional time is unauthorized.

d. Individuals participating in the employer-sponsored smoking cessation program may be excused for up to one and one-half hours (90 minutes) to accommodate class time and travel, if required by the class schedule. Authorized travel time is based upon distance from class location.

e. Physical fitness training may begin before established duty hours or may end after work hours, in order to take advantage of established organized aerobics or workout programs at the Gowen Field Physical Fitness Center or other Gowen Field recreational facilities. The sign in/out register must reflect accurate times.

**5. Authorized Activities.**

a. Authorized exercise during official time should be limited to those with aerobic and strength / toning benefit. Aerobic activities include running, walking, swimming, bicycling, treadmills, stair climbers, and organized aerobics. Strength and toning activities include fitness machines, calisthenics and weightlifting. Supervisors may also allow some team sports that provide aerobic benefits without risk of serious injury, such as tennis, handball, and racquetball, provided these activities are conducted safely and with restraint. Activities involving unrestricted team competition or physical contact among participants, such as basketball, are expressly unauthorized.

b. Personnel may utilize up to one and one-half hours a week of physical fitness time (not to exceed a total of 15 hours) to complete an employer sponsored smoking cessation program as authorized in HQ IDNG REG (ARNG) 1-8, (ANG) 40-102, (STATE) 4, Tobacco Use in the Idaho Military Division.

c. Dual status state employees and Federal technicians may be required to perform annual or periodic physical fitness evaluations. However, it is inappropriate to use official time for these fitness tests because these evaluations constitute a specific military requirement. Consequently, no federal technician or state employee shall participate in a military fitness evaluation unless first ordered into a military status.

**6. Authorized Locations.**

a. The general rule is that all activities will begin and end at the work site, on or adjacent to Gowen Field. For Gowen Field employees, participation in physical training during official time at non-government health clubs is unauthorized.

b. Personnel working in units away from Gowen Field that do not have a fitness center may use non-government physical fitness clubs in the community, at personal expense. Importantly, Federal Personnel Manual (FPM) 810, Injury Compensation,

indicates that employees who are injured at a commercial (non-government) fitness facility during official time may not be covered by the Office of Workers' Compensation Program (OWCP). OWCP will evaluate each claim on a case-by-case basis.

GARY L. SAYLER
Major General
Commanding General

## ATTACHMENT 1

## STATEMENT OF UNDERSTANDING AND LIABILITY

1. I _____, ACKNOWLEDGE AND AGREE THAT:
(Employee's Printed Name)

a. I am authorized to participate in a physical fitness program during duty hours for a maximum of three (3) hours per week. Participation requires the approval of my supervisor and I understand that during certain times, i.e., preparation for deployments, etc., I may not be able to participate for the full three (3) hours each week.

b. This program is unsupervised and I am under no duty or obligation to the Idaho Military Division to participate.

c. I understand that the Idaho Military Division recommends that I consult with a physician prior to engaging in this program.

d. I will report any injuries as soon as practicable. (TECHNICIANS:) If I incur any injury or death as a result of my participation in this physical fitness program, I may be covered under the Federal Workers Compensation Program (FECA).

e. (TECHNICIANS:) If injury or death occurs due to my participation in an exercise program past the end of the standard or normal workday, my injury or death may not be covered by the Federal Employees Compensation Act (FECA).

f. I will conduct my exercise program within a reasonable vicinity of the work area. If I am engaged in jogging, cycling, or working out, I will begin and end my exercise period within the time allowed. This time period includes all time used for changing clothes, travel to and from exercise site, actual exercising, showering, and return to the work site. I will sign in and out for each period on the roster at my work site.

g. I will use my own equipment and wear either the approved military PT uniform or my own personal clothing.

h. In consideration of mission requirements, I will coordinate approval for my exercise times and locations with my immediate supervisor.

i. I am subject to disciplinary action under applicable regulations if I abuse the program.

j. I acknowledge and understand that this program and its continuation does not and will not be construed as establishing a past practice or a condition of employment.

2. A signed copy of this statement will be kept on file by my immediate supervisor.

3. The program may be altered or terminated at any time by the Commanding General of Idaho, or limited for individuals as may be determined by the Commanding General, the Deputy Commanding General, Army, the Deputy Commanding General, Air, or Bureau Chief.

| | |
|---|---|
| (Date) | (Employee Name and Signature) |
| (Supervisor Name & Signature) | (Job Title & Work Location) |

## ATTACHMENT 2

## SIGN IN/OUT REGISTER

| DATE | EMPLOYEE'S SIGNATURE | TYPE OF EXERCISE | LOCATION | TIME OUT | TIME IN |
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IDNG Form 5R (Apr 01) This form supersedes all previous AGO Idaho Form 5-Rs which are obsolete and should be destroyed.