

ANNEX A

CIVILIAN FITNESS AND HEALTH PROMOTION PROGRAM EMPLOYEE SUPERVISOR AGREEMENT (Title 32, Title 5, & State Employees)

I, _____ (Employee name), understand full participation in the Civilian Fitness and Health Promotion Program allows up to 5 hours per week (no more than 1 hour per day) unless illness, injury, or mission requirements dictate otherwise. I also understand the fitness periods are up to 1 hour of duty time at the beginning of the duty day, up to 1 hour of duty time at the end of the duty day, or up to 1 hour of duty time taken adjacent to (before or after) my 30- or 60-minute lunch period. I understand designated fitness hours cannot be banked, or carried over, to another week for future use. In addition, I understand I may not adjust my lunch period to participate in the program at the beginning or end of the duty day to extend my fitness time. Further, I understand participation in the approved activities will be at or near my place of duty. Failure to use fitness time appropriately or misconduct during these periods may be considered workplace infractions subject to disciplinary action. I understand the program and times may be adjusted or curtailed based on mission needs. I understand if approved to conduct PFP in an alternate location that my supervisor may require me to provide documentation that I conduct PFP at the alternate location.

FEDERAL EMPLOYEES: I further understand I am required to ensure fitness periods resulting from my participation in the Civilian Fitness and Health Promotion Program are accounted for by entering Administrative Leave "LN-PF" (Type Hour Code "LN" with Environmental/Hazard/ Other Code "PF") in the Automated Time Attendance and Production System.

STATE EMPLOYEES: I further understand that my supervisor may require accountability of PFP time and/or activities, and I will comply with all reporting requirements.

Start Date: _____

Days of the Week: Monday [] Tuesday [] Wednesday [] Thursday [] Friday []

Time of Day (Select One): Morning [] Lunch [] Afternoon []

Fitness Location/Place of Duty:

Alternate Location (if applicable):

Employee Signature/Date:

Supervisor Signature/Date:
