

**IDAHO MILITARY DIVISION PHYSICAL FITNESS PROGRAM**

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OPR: HRO  
Supersedes (ARNG) 350-41(ANG) 40-501; IMD-2  
Dated Apr 2010

Certified By: Maj Gen Sayler

DISTRIBUTION Electronic:

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**1. HISTORY:**

This regulation updates the Idaho Military Division (IMD) Physical Fitness Program (PFP) Regulation. This program promotes health, enhances work performance and prolongs life.

**2. PURPOSE:**

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 participation during duty time for all employees to participate in physical fitness activities. The IMD PFP provides a work-related, voluntary physical fitness program for all full-time personnel of the Idaho Military Division.

### **3. APPLICABILITY.**

All full-time employees of the Idaho Military Division - (ANG, ARNG, BHS, State Employees).

### **4. RESPONSIBILITY/LIABILITY.**

a. Participation is voluntary and must be approved by the immediate supervisor. Supervisors and program participants will maintain both 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 requirements will always take priority over participation in the PFP. Supervisors may temporarily suspend exercise schedules to accommodate any conflicting mission requirements.

b. Participants should educate themselves regarding their health and physical limitations and restrictions before starting a new fitness program. It is recommended that personnel consult with a physician to obtain advice on beginning a fitness program that will meet personal goals and physical abilities while remaining compliant with specified limitations and restrictions.

c. 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. Supervisors will establish and maintain a "Sign-In / Sign-Out Register" (See IDNG Form 5R, Attachment 2) in the work place. Participating personnel are required to sign-out at the beginning and sign-in at the end of every exercise period. This requirement for documentation is necessary in the event of injury and to ensure accountability.

d. Abuse of the PFP could result in revocation of the privilege.

e. Medical coverage for injuries incurred while performing PFP will depend on rulings made by the appropriate investigative authority.

### **5. PHYSICAL FITNESS CLOTHING.**

Military uniforms may be worn during physical fitness training in accordance with military regulations and/or instruction. Personnel may also choose to wear civilian attire.

### **6. TIME ALLOTMENT.**

a. The use of duty time for physical fitness is a privilege. No more than 3 hours of duty time per week—not to exceed one hour per day increments—will be authorized. Supervisors need not record any leave status (i.e., excused absence) on time and attendance records. Normal break periods will not be used to provide longer periods. The standard lunch break may be used to expand the maximum allowable PFP session—not to exceed 1.5 hours.

b. Use of PFP time includes any time required to change clothes, warm-up, cool-down, personal hygiene and travel.

#### 7. AUTHORIZED ACTIVITIES.

a. Team sports of any kind are prohibited.

b. Technician and State employees are prohibited from using time allowed for physical fitness to take required military physical fitness tests. These tests must be performed while the employee is in a military status.

#### 8. AUTHORIZED LOCATION.

a. Gowen Field and Mountain Home AFB employees should utilize the physical fitness facilities on the installation. Neighboring areas of Gowen Field, such as the tank trail or Pleasant Valley Road may also be used with supervisor approval. Gowen Field and Mountain Home AFB employees are not authorized to use commercial fitness centers during duty hours.

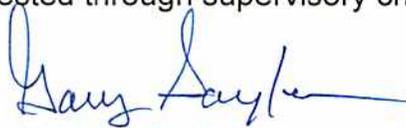
b. With prior approval of the immediate supervisor and within all requirements of this regulation, personnel with duty locations away from Gowen Field or Mountain Home AFB who do not have adequate fitness equipment or facilities are authorized to perform physical fitness activities at commercial fitness facilities (at own personal expense) and/or local areas such as roads for running or walking.

c. Use of government vehicles for travel to and from commercial or local facilities/areas is not authorized.

d. Personnel are not authorized to perform physical fitness activities at a private residence during normal duty hours.

#### 9. EXCEPTIONS.

Any exceptions to this regulation must be requested through supervisory channels to the HRO.



GARY L. SAYLER  
Major General  
Commanding General, IDNG

## ATTACHMENT 1

### STATEMENT OF UNDERSTANDING AND LIABILITY

1. I \_\_\_\_\_ (print name) acknowledge and agree that:

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, depending on mission requirements, 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 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 understand that any injury caused by violating my physical restrictions/limitations-established by a medical provider-could jeopardize coverage compensation under a Workers Compensation Claim and/or a Line of Duty Investigation.

e. Federal/State Employees: I will report any injury as soon as possible. If I incur any injury or death as a result of my participation in this physical fitness program, I may be covered under the Workers Compensation Program.

f. Federal/State Employees: 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 Workers Compensation Program.

g. AGR/ADOS: I will report any injury as soon as possible to my full time supervisory channels and/or chain of command. I understand that a Line of Duty Investigation process must be initiated.

h. I will conduct my exercise program IAW with this regulation. 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 the exercise site, exercising and personal hygiene. I will sign in and out for each period on the IDNG 5R at my worksite.

i. I will wear either the approved physical fitness uniform or my own personal clothing.

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

2. This form will be maintained on file by my immediate supervisor.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

