

Department of Military Affairs
Office of the Adjutant General
Englewood, Colorado
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**COLORADO NATIONAL GUARD
VOLUNTARY HEALTH AND PHYSICAL FITNESS ACTIVITIES
FOR TITLE 32 AGR, EXCEPTED AND COMPETITIVE TECHNICIANS**

By Order of the Governor:

// Signed //
MASON C. WHITNEY, Maj. Gen., COANG
The Adjutant General

History: This regulation updates the Voluntary Health and Physical Fitness Program. The program promotes health, enhances performance and prolongs life.

Purpose: This regulation outlines responsibilities and prescribes policies and procedures for the Voluntary Health and Physical Fitness Program for Excepted and Competitive Title 32 Technicians and Active Guard Reserve (AGR) personnel in the Colorado National Guard.

Applicability: This regulation is applicable to all units and activities of the Colorado National Guard under the jurisdiction of the Adjutant General, State of Colorado.

Proponent: The proponent of this pamphlet is the Colorado Human Resources Office, Employee Relations Section (COHRO/ERS).

Supplementation: Supplements to this pamphlet are not authorized.

Suggested Improvements: Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to COHRO/ERS, 6848 S. Revere Parkway, Englewood, CO 80112-6709 (Stop REV).

Distribution and Restrictions: Approved for public release, distribution unlimited.

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CHAPTER 1 OVERVIEW

1-1. References

a. Federal Personnel Manual (FPM) Letter 792-23, Employee Participation in Health and Fitness Activities.

b. NGB-HRL Letter, dated 6 July 1993, Physical Fitness Program for Technicians.

c. Title 5, Code of Federal Regulation 610, Hours of Duty.

d. AR 600-9 and FM 21-20

1-2. Introduction

a. The Voluntary Health and Physical Fitness Program promotes health, enhances performance and prolongs life. It has been demonstrated that active participants are content and more productive employees. Participants embarking on a physical fitness program are personally responsible for educating themselves concerning health and fitness issues. It is recommended that you consult with your personal physician prior to starting the program.

b. This is a voluntary program and participation is with your supervisor's consent. Employees are not required to participate in the program, nor will reprisals be taken for non-participation.

1-3. Applicability

All Colorado National Guard (Title 32) Excepted/Competitive Technicians and AGR Employees are eligible. This includes all permanent, indefinite and temporary civil service employees. Proponent for this regulation is the Human Resources Office-Employee Relations Specialist (HRO/ERS), at (303) 677-8839 or DSN 877-8839.

1-4. Purpose

This Pamphlet defines guidelines for employee participation in a Health and Physical Fitness Program which includes official time for physical fitness or physical training (PT) activities and agency sponsored wellness and disease prevention activities.

1-5. Bottom Line Rules

a. It is the supervisor's decision to allow, suspend or cancel PT privileges due to mission requirements.

b. Wear of the uniform is not required at the beginning or end of the day if PT is taken at that time. For example, an employee may report to work in PT clothes if performing PT first thing in the morning, then change into military uniform after PT session.

c. Physical fitness activities are limited to calisthenics (exercises such as stretching, sit-ups and other strength building exercises) and aerobic exercise (i.e., running, biking, brisk walking and swimming).

d. Team sports/games (such as basketball, volleyball, etc.) are not authorized.

e. Time allowed for PT will not exceed 3 hours per week.

CHAPTER 2 VOLUNTARY PHYSICAL FITNESS POLICY

2-1. Authority

The use of official time for voluntary physical fitness is a privilege. Supervisors are expected to handle abusers of the program with the same procedures that would be used to address any other disciplinary problems. Authority for individual revocation is delegated to the Air

Commander (ANG) or Command Administrative Officer (ARNG). Supervisors and program participants alike are expected to maintain both a continuity of work and control of the program. Employees are reminded that their participation will be managed relative to mission requirements. All work sections are to remain operational, although exceptions are understood for one-person sections.

2-2. Suspension / Cancellation of the Program

Supervisors are authorized to temporarily suspend the program if mission or workloads require. When a temporary suspension is necessary, consideration should be given to the length of the suspension. Objective criteria should be used in determining when the program will resume. Supervisors will coordinate all temporary program suspensions with their Commander/Directorate. The appropriate Labor Union Chapter of ACT will be notified when the suspension will exceed one (1) week for Title 32 excepted /competitive technicians. Changes to the Physical Fitness Policy are subject to I & I Bargaining.

CHAPTER 3 GUIDELINES FOR A PHYSICAL FITNESS PROGRAM

3-1. Official Time Authorized

a. No more than 3 hours of official time per week (not to exceed 1½ hours per day) will be used for this program. Supervisors need not record any leave status (i.e., excused absence) on the Time and Attendance record. A supervisor's "PT Sign In/Sign Out Log" is provided for documenting an employee's departure and return to the work area during each exercise period (see Appendix C). The exercise period must originate and terminate at the work-site within the hours of the duty day unless exception is granted

by the HRO/ERS (see Appendix B). This requirement, in conjunction with the "PT Sign In/Sign Out Log" is necessary since technicians **may not** be covered under the Federal Employees Compensation Act (FECA) for any injury that occurs while participating in the Physical Fitness Program. Conversely, employees who fail to follow this procedure will lack proof that they were injured while participating in an agency sponsored Physical Fitness Program and therefore **may not** be covered under Worker's Compensation.

b. Organizational supervisors may request an exception to policy if employees wish to utilize an established fitness facility (See Appendix B for Sample Letter). Include in the request what management controls are in place to document legitimate physical fitness activity. Send request to HRO/ERS, 6848 So Revere Parkway, Englewood, CO 80112-6709. This documentation is used in the event that an injury occurs which could result in an Office of Workers Compensation (OWCP) claim.

c. The time authorized for physical fitness begins with any absence from official duties for physical training, which includes preparation and travel time (i.e., to change clothes, shower or travel to/from the fitness location).

d. Official time may be used in one-half (½) hour to one and a half (1 ½) hour increments, but not to exceed 3 hours total per week, and not to exceed 1 ½ hours per day. The lunch period may be incorporated for the purpose of extending an exercise period. If work requirements or weather preclude physical fitness activity on a given day of the week, time may be rescheduled for a different day of the week, but the maximum of 1 ½ hours per day and 3 hours per week rule still applies.

3-2. Authorized Activities

The objective of this program is to encourage continuing physical activity with

a goal of total fitness. It is not intended to replace on-going individual programs conducted away from the work-site. Activities allowed under this policy are limited to calisthenics such as stretching, sit-ups and other strength building exercises, or aerobic exercise such as running, biking, brisk walking and swimming. Team games/sports are not allowed. As an exception, work units involved in family days, holiday celebrations, etc., may request special authorization from The Adjutant General to conduct team sports such as volleyball, basketball, and softball. Request shall detail type of activity and be forwarded to the Adjutant General through the HRO well in advance.

should not be granted for participating in an activity over an extended or indefinite period of time. The supervisor approving the absence should insure that the employee's absence will not interfere with the timely and effective performance of agency work and service to our customers. All employees are encouraged to maintain a healthy and physically fit lifestyle.

3-3. Monitoring of the Program

All employees that participate in the Colorado National Guard Physical Fitness Program must complete the "Statement of Understanding and Liability" which outlines the risks that each individual assumes by participating in this program prior to starting (see Appendix A). The original must be forwarded to HRO/ERS, Stop REV, to be filed in the Official Personnel Folder (OPF), or HRO/AGR to be filed in the AGR record.

A copy must be kept in the Employee's Work Folder (supervisory record) that is maintained by the supervisor.

CHAPTER 4 AGENCY SPONSORED ACTIVITIES

4-1. General

Agency sponsored wellness and disease prevention activities, such as health fairs, smoking cessation information programs or disease awareness programs can be attended in an "excused absence" status. The amount of excused absence in each instance should be a specific and fixed duration. An excused absence

**COLORADO NATIONAL GUARD VOLUNTARY FITNESS PROGRAM
STATEMENT OF UNDERSTANDING AND LIABILITY**

I, _____, acknowledge and agree that:
Printed Employee's Full Name

- a. I have read DMA Pamphlet 690-15 which outlines the risks that each individual assumes by participating in this voluntary program.
- b. I may voluntarily take part in a physical fitness program during duty hours for maximum of three (3) hours per week, not to exceed 1 ½ hours per day.
- c. This program is unsupervised and that I am under no obligation to become involved or participate in the program.
- d. It is recommended that I consult with a physician prior to participating in the fitness program.
- e. (Technicians Only) Should I incur an injury or death because of my participation in this voluntary fitness program during duty hours, I may be covered by the Federal Employees Compensation Act (FECA) under the Office of Worker's Compensation Program (OWCP). AGR employees are not covered under the FECA program.
- f. (Technicians Only) If injury or death occurs due to my participation in an exercise program outside the normal work day, I **may not** be covered by Worker's Compensation (OWCP). AGR employees are covered by the military side.
- g. I will conduct my fitness program within a reasonable vicinity of the work area (unless HRO exception granted), and understand that I will begin and end my exercise period within the time period allowed. This time period includes all time used for changing of clothes, travel to and from exercise site, exercising, showering and return to the work site.
- h. If I abuse the program, I will be subject to disciplinary action and/or have my exercise period suspended or revoked.
- i. Establishment of this program and the continuation of it will not and cannot be construed as establishing a past practice or a condition of employment.
- j. A signed copy of this statement will be kept on file by the immediate supervisor with a copy furnished to the Human Resources Office (HRO). AGR copies will be sent to HRO/AGR.

APPENDIX A

Signature

Date

Sample Off-Site Exercise Request

(Supervisor's Letterhead)

(Supervisor's Office Symbol)

DATE

MEMORANDUM FOR: HRO/ERS, 6848 S. Revere Pkwy, Englewood, CO 80112-6709

SUBJECT: Request for Off-Site Physical Training (Name of Employee)

1. Request approval for (Name of Employee) to perform Physical Training (PT) off-site at Colorado Athletic Club due to lack of aerobic/weight equipment at this work site. He/she will perform PT off-site on Tuesdays and Thursdays from 1530 hrs to 1700hrs.
2. We have discussed the requirements of DMA Pamphlet 690-15 and management controls are in place to document legitimate physical fitness activity. (Name of Employee) will sign out on the "Sign In/Sign Out Log" when departing the work site to perform PT and will sign back in the next morning when he/she returns for duty.
3. This employee's work ethic and past performance indicate that he/she will meet all requirements of DMA Pam 690-15. His/her work hours will not be affected, nor will he/she exceed the 3 hour per week limit. Point of contact is (Supervisor's name) at (303) 677-1111.

SUPERVISOR'S SIGNATURE BLOCK

APPENDIX B

