DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON, FORT WAINWRIGHT
1060 GAFFNEY ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000

REPLY TO
ATTENTION OF:

IMPC-FWA-MW

09 NOV 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Garrison Civilian Employee Fitness Program (Garrison Policy #18)

1. References:

a. AR 600-63, Army Health Promotion, 7 May 2007.

b. Memorandum, HQ IMCOM, IMCG, 17 Jun 2010, subject: Command Policy #17—Civilian Wellness.

c. Personnel Management Information and Support System (PERMISS) Employee Wellness Program, http://cpol.army.mil/library/permiss/593.html.

2. Applicability. This policy applies to all full-time Civilian personnel assigned to U.S. Army Garrison Fort Wainwright (USAG FWA) except employees already engaged in a formal physical exercise program as a requirement of their occupation (firefighter, etc). This policy does not apply to contractors.

3. Proponent. Directorate of Family and Morale, Welfare and Recreation (DFMWR).

4. Purpose: To establish, sustain and promote physical fitness amongst all full-time Civilian workforce employees under the purview of USAG FWA through voluntary participation, on the part of both employees and their supervisors, in health and fitness activities.

5. The duration of this program is not to exceed six months for any one employee. Directors or agency chiefs have the authority to terminate their employee's participation in this program at any time due to mission requirements or suspected abuse without detailed employee documentation. Program participation allows employees up to three hours of duty time per week to conduct self-paced fitness activities, which must be conducted through the Physical Fitness Center (PFC). Participants may utilize outdoor activities as long as they sign/swipe-in to PFC prior to and sign/swipe-out of PFC upon completion of workout. The following time-use conditions apply:

a. The allowed fitness hours cannot be "banked" (i.e., unused hours saved for later use).

b. Time taken during the normal tour of duty to participate in this program will be annotated as Administrative Leave time (LN) on the employee's time card.

c. Employees who have previously received administrative leave to participate in fitness activities (e.g., in the prior "Fit to Win" or similar programs) are not eligible for additional administrative leave.

6. After completion of the six month program, an employee may request a change to their work schedule to allow time to exercise. This change should be made through the employee's immediate supervisor to the appropriate director for approval. If mission and manning permits, a change in the employee's work schedule will be permitted to allow the employee the extra time to exercise (i.e., change the employee's start time or adjust the lunch hour accordingly to allow physical fitness time).

7. Procedures:

a. Sports and Fitness Director, FMWR, will:

(1) Conduct PFC orientation for all participants.

(2) Review for completeness, the Physician Statement of Eligibility for Physical Exercise for all participants.

(3) Conduct a fitness assessment for all participants at the start and at the completion of the program, and provide a copy of the assessments to the employee's supervisor. The assessments will include blood pressure, weight, reach test, and step test for all participants.

(4) Upon request, provide participants a cardio and/or weights instructional session.

(5) Upon special request/appointment, provide a specific, individual fitness program to participants.

(6) Maintain fitness file folder for all participants.

b. Supervisors will:

(1) Encourage and support voluntary participation while considering employee preferences and mission requirements.

(2) Monitor employee participation to ensure exercise time is used properly.

(3) Complete/sign supervisor's portion of employee/supervisor participation agreement (encl 1).

(4) Upon request, provide Employee Participation Agreement, Program Questionnaire, and Physician Statement of Eligibility to employees (enclosures).

(5) Maintain file copy of Employee Participation Agreement, Program Questionnaire, and Physician Statement of Eligibility.

c. Participants will:

(1) Complete/submit the following documentation to their supervisor prior to starting program:

(a) Participation Agreement (encl 1).

(b) Program Questionnaire (encl 2).

(c) Physician Statement of Eligibility (encl 3).

(2) Attend a PFC orientation/equipment demonstration prior to commencing fitness program.

(3) Provide a copy of the Employee Participation Agreement, Program Questionnaire, and the Physician Statement of Eligibility to PFC at orientation.

(4) Sign/swipe-in and sign/swipe-out at the PFC regardless of exercising inside or outside PFC.

(5) Establish an exercise schedule with supervisor.

(6) Schedule appointment with medical provider to obtain written approval.

(7) Contact the PFC to schedule the orientation, any individualized/specific fitness instructional programs, and the initial and final fitness assessments.

(8) All expenses will be incurred by employee and are not reimbursable.

8. Injury Prevention. Accidental and overuse injuries to the musculoskeletal system are the single leading cause of lost workdays and physical profiles in the Army and as such, have a significant impact on the readiness of USAG FWA. All participants in this program will practice personal risk management and mitigation to reduce the occurrence of preventable injuries. Safety practices that will be followed include (but are not limited to) proper warm-up and cool-down exercises and using equipment in a manner consistent with posted instructions or DFMWR policies. Participants in this program who do not adhere to proper procedures or engage in unsafe practices will be removed from the program.

9. This policy supersedes Garrison Policy #49, SAB, dated 21 January 2011.

10. The point of contact is Stephanie Jilek, Sports and Fitness Director, FMWR, 907-353-7274, stephanie.jilek@us.army.mil.

RONALD M. JOHNSON
COL, SF
Commanding

3 Encls
1. Participation Agreement
2. Program Questionnaire
3. Physician Statement of Eligibility

DISTRIBUTION:
All Garrison Agencies

CIVILIAN EMPLOYEE FITNESS PROGRAM
EMPLOYEE AND SUPERVISOR PARTICIPATION AGREEMENT

1. I understand that my full participation in the Civilian Employee Fitness Program is strictly voluntary. I agree to participate for up to three (3) one-hour sessions each week for a period not to exceed six months, unless illness, injury, or operational requirements dictate otherwise.

2. I understand that the Physical Fitness Center is my assigned place of duty for the three hours per week that I am participating in the program, and I will sign/swipe-in and sign/swipe-out of the Physical Fitness Center even if ultimate exercise program that particular day is outside of the facility. If exercise program that particular hour is outside of the Physical Fitness Center that particular day, I must remain on the installation while participating during those hours. All program-related hours will be used for exercise or for health/fitness education classes.

2. I understand that I must obtain a medical release from my physician, or Occupational Health Services, prior to gaining approval to participate in this fitness program.

3. In consideration for the permission given to me by the United States Government and U.S. Army, I hereby release and forever discharge the United States Government and the U.S. Army (and all its officers, agents, employees, and volunteer staff) acting officially or otherwise, from any and all liability, damage, expense, cause of action, suits, claims, or judgments for personal injury, illness, or death or loss or damage to personal property which may arise out of participation in the program as well as any activity incidental to my participation in the Employee Fitness Program.

4. I further agree that neither I, nor my heirs, administrators, executors and assignees will ever prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government, the U.S. Army and all of its officers, agents, employees and volunteer staff acting officially or otherwise for personal injury, death, or property lost or damage as a consequence of my participation into the program.

5. I have read this entire Agreement and accept the conditions stated herein as a requirement to participate in the program.

_____ _____/_____
Print Name Employee's Signature Date

I approve/disapprove* the above employee's participation in fitness training during working hours for the period _____ to _____.
Beginning Date Ending Date

_____ _____/_____
Print Name Supervisor's Signature Date

* Reason for disapproval:_____
_____
_____

CIVILIAN EMPLOYEE FITNESS PROGRAM QUESTIONNAIRE

1. Name:_____

2. Work Phone:_____

3. Directorate/Section (Include Bldg #):_____

4. What are your health and/or fitness goals or reasons for participating in this program?

_____

_____

_____

_____

_____

_____

5. Are you currently exercising?_____

6. If so, what are you doing and how often do you exercise?_____

_____

_____

_____

_____ _____/_____

Print Name Employee's Signature Date

PHYSICIAN STATEMENT OF ELIGIBILITY FOR PHYSICAL EXERCISE

To Whom It May Concern:

1. This statement certifies that I have evaluated _____ and have found the following (mark as appropriate):

_____ There is evidence to suggest that she/he may be harmed by an exercise program.
_____ There is no evidence to suggest that she/he may be harmed by an exercise program.

2. Exercise Prescription:

Training/exercise heart rate should be:_____

3. Permitted Activities (mark as appropriate):

_____ Aerobic Calisthenics
_____ Stationary Bicycling
_____ Swimming
_____ Running
_____ Walking
_____ Weight Training

4. Exercise Time Length and Frequency per Week:

Time Length:_____

Frequency:_____

_____ _____/_____
Print Name Physician's Signature Date