



DEPARTMENT OF THE ARMY  
INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, U.S. ARMY GARRISON, FORT WAINWRIGHT  
1046 MARKS ROAD #6000  
FORT WAINWRIGHT, ALASKA 99703-6000

IMFW-MWR

MEMORANDUM FOR SEE DISTRIBUTION

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

40015

1. References:
  - a. AR 600-63, Army Health Promotion, 7 May 2007.
  - b. Memorandum, HQ IMCOM, IMCG, 12 May 2014, subject: Command Policy #17—Civilian Wellness.
  - c. Personnel Management Information and Support System (PERMISS) Employee Wellness Program, <http://cpol.army.mil/library/permis/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).

IMFW-MW

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

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.

IMFW-MW

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

(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 #18, SAB, dated 7 Apr 14.

10. The point of contact is Sports and Fitness Director, FMWR, 907-353-7274.

3 Encls

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

  
SEAN C. WILLIAMS  
COL, SF  
Commanding

DISTRIBUTION:

All Garrison Agencies



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