

**REQUEST FOR APPROVAL OF EXCUSED ABSENCE &
MEMORANDUM OF UNDERSTANDING FOR PARTICIPATION
IN THE CIVILIAN PHYSICAL FITNESS PROGRAM**

*You are not enrolled until you are medically cleared and/ or your supervisor
receives the health care provider's approval form.*

Name of Employee: _____ E-Mail: _____

APO Address: _____

Work phone: _____ FAX Number: _____

Name of Supervisor: _____ E-mail: _____

1. I, _____, request approval of excused absence, not to exceed three (3) one-hour periods per week, for the sole purpose of participating in physical fitness activities. I understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week ____/____/____, at the following times _____ to _____, and at the following location _____.

2. I also understand and agree to the following (*employees must initial each line*):

---Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.

---Unused exercise hours may not be carried forward to subsequent weeks.

---Physical fitness periods cannot be combined with authorized breaks, but may be done in conjunction with my approved lunch period.

---The three one-hour periods per week consist of total time away from the job and include time for changing clothes, cooling down, personal hygiene and traveling to and from the exercise locations.

---Specified exercise periods may not be used for any non-duty purpose. Any period or portion thereof not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.

---Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.

---I may only utilize on-base facilities during any period of excused absence for physical fitness activities.

---My participation is subject to supervisory scheduling and approval.

---If my request is not approved or I cannot be released from work for physical fitness activities due to mission requirements, I may not challenge the decision unless the decision is arbitrary or capricious.

---Each absence is recorded on my attendance sheet with the appropriate code for excused absence along with the remark "Physical Fitness".

---In order to enhance mission effectiveness, I must make every effort to improve my health and well being during any period of excused absence for the purpose of physical fitness.

---Should my ability to participate in physical fitness activities become limited in any manner, I will notify my supervisor immediately.

As a participant, I, the employee, understand that my signature below indicates that I fully understand and agree with the restrictions above

Signature of Employee _____

Date _____

FIRST LEVEL SUPERVISOR:

___ Employee is assigned as a permanent full-time employee

___ Enhancement of Mission accomplishment considered.

___ Excused absence recommended/not recommended. (*circle one*)

First-Level Supervisor's Signature

Date

SECOND LEVEL SUPERVISOR:

Approve/Disapprove (*circle one*)

Second-Level Supervisor's Signature

Date

(Orig (approved/disapprove): filed in Supervisory Record (AF Form 971) with Pre-Participation Screening Questionnaire