



# CIVILIAN PERSONNEL FLIGHT FACTSHEET

Current as of November 2022

## HEALTH AND WELLNESS PROGRAM

As part of a comprehensive employee health and wellness program, installation commanders or heads of serviced organizations may excuse US appropriated fund civilian employees for health, wellness or physical fitness activities. Administrative leave is limited to a cumulative total of 3 hours per week based on mission and workload requirements.

**HEALTH AND WELLNESS ACTIVITIES:** Employees must request participation from their supervisor in advance of the event to ensure attendance does not conflict with work center requirements. Employees must submit a request for paid leave for participation in events exceeding three hours in a single week. Activities include, but are not limited to:

- Health fairs,
- Relaxation and stress management classes or seminars,
- Alcohol and tobacco cessation programs,
- Lactation classes,
- Diet and nutrition classes, and
- Work-Life programs.

Employees and supervisors are required to record time in ATAAPS using administrative leave (LN) and must include the code "PH" (for preventative health) in the drop down menu for purpose.

**PHYSICAL FITNESS ACTIVITIES:** Time off for physical fitness will be coordinated in advance with the supervisor. A signed agreement will be executed and must include self-certification by the employee of fitness to engage in physical activity (see attachment). Participation is strictly voluntary and supervisors have the authority to revoke or suspend fitness privileges. Employees and supervisors are required to record physical fitness time in ATAAPS using LN as the type of leave and must include the code "PF" (for physical fitness) in the drop down menu for purpose. Employees are encouraged to utilize installation fitness facilities. Fitness time may be approved in conjunction with the lunch break. Credit hours, overtime, or compensatory time cannot be earned while an employee is performing fitness activities.

Misuse of fitness time may lead to revocation of privileges, discipline or other administrative action.

**REFERENCE:** DoDI1400.25V630\_AFI 36-815, *Leave*

Additional guidance on this topic is available from your Employee Management Relations Specialist. Contact information found in the footer below.

Attachment: Sample Physical Fitness Agreement

86 FSS/FSCA-E (Employee Management Relations) • Unit 3221, APO, AE, 09094-3221  
Ramstein AB, Building 2120 • DSN: 314-478-6714/7143 • Fax: 480-7054

E-mail: [86fss.fsec.us-emr@us.af.mil](mailto:86fss.fsec.us-emr@us.af.mil)

## PHYSICAL FITNESS AGREEMENT

### Request for Approval of Administrative Leave to Participate in Physical Fitness Activities

**EMPLOYEE:** I, \_\_\_\_\_, certify that I am physically able to engage in physical activity and request approval of administrative leave, up to three cumulative hours per week, for the sole purpose of participating in physical fitness activities.

**I understand (employee must initial each line):**

\_\_\_ My participation is a privilege, subject to supervisory approval and scheduling based on mission and workload requirements.

\_\_\_ 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 it is arbitrary or based on discrimination.

\_\_\_ I must record each absence in ATAAPS as administrative leave (LN) for the purpose of physical fitness using code PF.

\_\_\_ Time may not be banked for future use if not used during the week, and includes time required to travel, change clothes, prepare for sports, etc.

\_\_\_ That in order to enhance mission effectiveness, I must make every effort to improve my health and well-being during any period of administrative leave 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.

\_\_\_ Unless approved otherwise, I will participate in physical fitness time on the day(s)/time(s) indicated below:

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

### FIRST LEVEL SUPERVISOR

\_\_\_ Approved/not approved

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date