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.

APO Address:	Name of Employee:		Mail:			
Name of Supervisor: E-mail: 1.	APO Address:					
1. I						
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 following times, and at the following location, at the following times, at the following times, and at the following location, at the following times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreementUnused exercise hours may not be carried forward to subsequent weeksPhysical fitness periods cannot be combined with authorized breaks, but may be done in conjunction with my approved lunch periodThe 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 locationsSpecified exercise periods may not be used for any non-duty purpose. Any period or portion thereof not used in actual fitness training and exercise periods are official duty time. Failure to appear in the normal duty workplace accomplishing normal duty		Ľ '	nan			
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Approve Disapprove (circle one)						
Second-Level Supervisor's Signature Date	Second-Level Supervisor's	Signature	Date			
(Orig (approved/disapprove): filed in Supervisory Record (AF Form 971) with Pre-Participation Screening Questionnaire	(Oria (approved/disapproved)): filed in Supervisory Record (AF Fou	m 971) with Pre-Particination	Screening Questionnaire		