

DEPARTMENT OF THE ARMY US ARMY INSTALLATION MANAGEMENT COMMAND HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT HAMILTON BROOKLYN NEW YORK 11252-5300

REPLY TO ATTENTION OF:

IMHA-MW-G

12 February 2017

MEMORANDUM FOR CIVILIAN FITNESS PROGRAM

SUBJECT: SUPERVISOR / EMPLOYEE PARTICIPATION FORM

"Make a copy for your records and copy for your supervisor. You are not enrolled until you receive the Civilian Fitness Enrollment Approval Form and give it to your supervisor.

Name of employee:	_ Name of Supervisor:
Unit:	·
Work phone:	_ Fax Number:
Supervisor's email:	
Employee's email:	
(needed to email the weekly fitness tips)	

AGREEMENT

1 We understand and a	gree that (employee name	ne)will be participating the
Command-sponsored C	ivilian Fitness Program up	p to 3 one-hour sessions per week and enrolled in a continuous program. There
will be a three assessme	ent process. We understar	and and agree that the specified exercise location will be the place of duty during
authorized exercise peri	ods, as follows: exercise p	periods will be on the following days of the week/, at the
following inclusive time	to	, and at the following location

2 We also understand and agree that:

_ You have the opportunity to disenroll and re-enroll at a later time.

_Exercise sessions will start and finish on the installation where the employee is located unless the installation does not have a suitable environment in which to exercise. This determination will be made by the installation commander when questionable. _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.

_The program end date is open and ongoing enrollment. Remember to exercise when on leave, temporary duty, or other reasons. No additional duty time is automatically authorized, (only if your supervisor approval) as part of this Program, or pre-exercise preparation (e.g. changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.

_Specified exercise periods may not be used for any non-duty purpose. Any period or portion 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.

_Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.

_Failure to complete the final assessment may result in an "incomplete" notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the time allotted for the program use "Administrative Leave" be replaced as "Annual Leave" if time goes over.

3 As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I understand that I must complete the final wellness assessment to complete the program. My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.

4 I understand, that this is a continuous enrollment program, and certify that I am enrolled in the Civilian Fitness Program at Fort Hamilton Army Garrison. Signature of Employee: _____ Date: _____

Signature of Supervisor	Date:	
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Michael C. Ingram Director, Sports and Fitness