



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE MATERIEL COMMAND
WRIGHT-PATTERSON AIR FORCE BASE OHIO



MEMORANDUM FOR ALHQCTR/CC/CL
ALHQSTAFF

FROM: AFMC/CA
4375 Chidlaw Road
Wright-Patterson AFB OH 45433-5001

SUBJECT: AFMC Policy on Civilian Physical Fitness and Wellness Activities

1. Air Force Materiel Command (AFMC) continues to support Civilian Physical Fitness and Wellness Activities as a means of reducing stress and improving the health and welfare of our valued civilian workforce. I recently reviewed the language of our existing AFMC Policy on Civilian Fitness/Wellness to ensure that it still adequately addresses our current mission and workload requirements and circumstances, and I find that it does.
2. Under our on-going AFMC Fitness and Wellness Activities policy, employees may continue to receive up to 3 hours of excused leave per week to participate in physical exercise, in accordance with the attached guidance which aligns with DoDI1400.25V630_AFI 36-815, *Leave*, dated 14 November 2019, authorizing physical fitness activities based on mission and workload requirements. This excused absence is considered a benefit that must be approved by management when workload/mission allows, as emphasized in paragraphs 9 and 10 of the AFMC Fitness and Wellness Activities policy.
3. Please ensure the procedures in the attached policy guidance continue to be followed, and that any decision to suspend or deny physical fitness or wellness activities is based only on mission and workload requirements. If you have any questions, please contact your servicing Labor and Employee Relations Office. My POC for this matter is Mr. Robert Good, HQ AFMC/A1KL, DSN 312-986-2822, (937) 656-2822, robert.good.8@us.af.mil.

PATRICIA M. YOUNG
Executive Director

Attachment:
AFMC Policy on Civilian Fitness/Wellness

AFMC Policy
on
Civilian Physical Fitness and
Wellness Activities

1. AFI 36-815, "Leave," authorizes Installation Commanders or heads of serviced organizations to excuse civilian employees for physical fitness activities up to 3 hours per week based on mission and workload requirements. Participation is strictly voluntary. Bargaining unit and non-bargaining unit employees are allowed to voluntarily participate in physical fitness and wellness programs in accordance with Air Force policy implemented under the following provisions.
2. Fitness activities suitable for excused absence should address cardiovascular/aerobic endurance, muscular strength, endurance, flexibility and body composition. Wellness program activities include AFMC Civilian Health Promotion Services (CHPS) offered at each AFMC installation. These services include, but are not limited to, an annual physical health assessment, health education classes for nutrition, exercise, stress and weight management, and tobacco cessation.
3. Workload permitting, full-time employees will be excused with no charge to leave, for up to 3 hours (recommend 1 hour minimum to 1 ½ maximum per session) per week, for fitness/wellness activities in accordance with paragraphs 9 and 10. The supervisor will make the ultimate determination as far as the minimum and maximum per session. Use of time for fitness/wellness activities by part-time employees should be pro-rated to correspond with the number of hours worked per pay period, applying the following formula:
 - Number of hours worked bi-weekly (part-time schedule) divided by 80 hours (full-time schedule) = % of (maximum 3 hours per week) time allowed for part-time employees.
 - Example 1: Part-time employee working 32 hours per week (64 hours per pay period). $64 / 80 = 80\%$. 80% of 3 hours per week = 2.4 hours per week. Rounded to the nearest timekeeping increment (15 minutes/.25 hrs) = up to 2.5 hrs/week.
 - Example 2: Part-time employee working 24 hours per week (48 hours per pay period). $48 / 80 = 60\%$. 60% of 3 hours per week = 1.8 hours per week. Rounded to the nearest timekeeping increment (15 minutes/.25 hrs) = 1.75 hrs/week.
4. Unused periods cannot be banked and carried over to the next week. Periods used per week include time for changing clothes, showering and travel to/from the fitness/wellness program location. On base facilities should be utilized. However, alternate arrangements may be worked at the local level for employees located off the installation. Fitness/wellness periods can be combined with authorized breaks or in conjunction with the regularly scheduled lunch period.
5. Employee must initiate a request sheet to the first level supervisor containing the doctor's certificate from his/her primary care provider/physician certifying which physical fitness activities are permitted and there exists no limiting physical conditions unless otherwise noted on

the doctor's certificate (Atch). The request form is not necessary for participation solely in wellness activities, but is required for participation in fitness activities. Request sheets must be filed in the employee's Supervisory Record (AF Form 971).

6. Employee must maintain a diary of all activities, goals and progress. Employee must provide time keeper and/or supervisor with information necessary to appropriately code timesheets for excused absence ("LN" time code with "PF" hazard code) along with remark "Physical Fitness/Wellness." Management may revoke participation privileges for up to one year if abuse is identified.
7. Individuals serving in Performance Improvement Periods (PIP) or identified with sick leave abuse are ineligible to participate in the program. Exceptions may be granted by management for wellness activities if/when appropriate. Scheduling for participation in the fitness/wellness program must be accomplished through the employee's first-level supervisor.
8. Management also has the option to establish specific/structured times for participation at the local level. Such arrangements will be bargained locally, and the approval authority will be no lower than the Squadron CC/Director or equivalent organization chief.
9. Participation in fitness/wellness activities should not unduly hamper the mission effectiveness of an organization. Fitness and wellness hours may be approved when an organization is not burdened by workload/performance challenges. Rationale for not allowing the use of fitness/wellness hours will be based on an objectively verifiable workload condition which can apply at any organizational level, examples may include:
 - a. Production surge - a sustained period of mandatory overtime
 - b. Excessive backlog
 - c. Underachieved performance/production rates
 - d. Excessive need for voluntary overtime
 - e. Funding shortfall and/or net operating result (NOR) loss position (e.g. expenses greater than revenue)
10. For group suspension of fitness hours, approval will be in writing by the second level management official or higher, with a copy going to the local union president. Such notifications will identify the affected organization(s), the period of suspension (beginning and end date), and the applicable workload condition for suspending fitness activities.
11. Excused absence for participation in fitness/wellness activities is not a right or entitlement. Rather, it is an expression of AFMC's long-standing policy of promoting the health of its employees.

Attachment

Request Sheet/Doctor's Certificate

**REQUEST FOR APPROVAL OF EXCUSED ABSENCE
FOR PHYSICAL FITNESS ACTIVITIES**

EMPLOYEE:

I, _____, request approval of excused absence, not to exceed three (3) hours per week, for the sole purpose of participating in physical fitness/wellness activities.

I understand (employee must initial each line):

_____ My participation is subject to supervisory scheduling and approval. I understand that periods of participation may be suspended by management due to mission and workload requirements.

_____ I must provide time keeper and/or supervisor with information necessary to appropriately code timesheets for excused absence (“LN” time code with “PF” hazard code for “Physical Fitness”).

_____ That 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/wellness.

_____ That I am responsible for any expenses required to obtain a doctor’s statement (below) certifying that physical fitness activities are permitted and any limiting conditions are identified.

_____ That should my ability to participate in physical fitness activities become limited in any manner, I will notify my supervisor immediately.

Employee’s Signature

Date

PHYSICIAN CERTIFICATION: I certify the above named employee has received a physical fitness assessment and is fit and able to participate in an **UNRESTRICTED/RESTRICTED** (circle one) physical fitness program. Any restrictions are documented below.

Employee Restrictions

Physician’s Signature

Phone Number

Date

FIRST LEVEL SUPERVISOR:

Participation in physical fitness activities is **Approved/Disapproved** (circle one).

Supervisor’s Signature

Date