

**BY ORDER OF THE COMMANDER  
439TH AIRLIFT WING**

**439TH AIRLIFT WING INSTRUCTION  
36-815**



**15 APRIL 2014**

**Personnel**

**CIVILIAN PHYSICAL FITNESS PROGRAM  
(PFP)**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Col Kenneth M. Lute)

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This instruction implements Air Force Policy Directive (AFPD) 36-8, *Employee Benefits and Entitlements* and Air Force Instruction (AFI) 36-815, *Absence and Leave*. The instruction outlines policy and procedures for the Physical Fitness Program (PFP) for the 439th Airlift Wing (439 AW). It applies to full time 439 AW federal civilian employees with an appointment of one year or more. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 to 439 MSG/DPCE, 100 Lloyd St, Box 51, Westover ARB, MA 01022-1843.

**SUMMARY OF CHANGES**

This revision clarifies that the fitness log or a record of fitness activity or OPM Form 71, *Request for Leave or Approved Absence*, may be used for PFP. It requires that PFP must be annotated on the AFRC Form 270, *AFRC Timecard Worksheet* and in ATAAPS. It establishes specific procedures for recertification after providing the initial medical clearance certification. This publication has been substantially revised and must be completely reviewed.

**1. Overview.** The Air Force encourages active participation in fitness activities and anticipates enhanced productivity and improved morale among participants. Employee participation in physical fitness activities supported by the Air Force is strictly voluntary.

1.1. Decisions regarding matters covered by this instruction will be made without regard to race, sex, religion, color, national origin, age, or disability.

**2. Participation in Physical Fitness Activities.** Full time federal civilian employees with an appointment of one year or more are authorized to participate in physical fitness activities during duty hours without charge to leave or loss of pay. Temporary employees serving appointments of 1 year or less, or employees on an intermittent work schedule, are not eligible.

2.1. Employees may be excused for up to 3 hours per week for physical fitness activities. Only one block of time per day is authorized under this program. A block of time may be 15, 30, 45, 60, 75 or 90 minutes. This time will not be accumulated and carried over to another work week. This time includes any travel time, changing clothes and showering. The physical fitness periods cannot be combined with authorized breaks, but may be used in conjunction with the lunch period. Employees must be in a duty status prior to or after the physical fitness period. Employees must report to work at the beginning of the duty day or contact their supervisor to check on workload. The supervisor must ensure that mission requirements are met before excusing an employee to participate in the program regardless of advance scheduling of the time. Employees participating in the program during the last 15-90 minutes of the workday may be required to report back to work prior to the end of their duty day.

2.2. Use of duty time (excused absence) is appropriate only if approved by 1st or 2nd level supervisors. Mission impact is the key element in making this decision. Except when the requirement for credit time, overtime or compensatory time is not known in advance of the PFP time, credit hours, overtime or compensatory time will not be approved nor earned on days when use of duty time is approved under this program.

2.3. Approved physical fitness activities are those which address cardiovascular/aerobic endurance, muscular strength and endurance, or flexibility and body composition. Physical fitness activities may only be performed on base or in base facilities under the control of the wing commander. Activities authorized under the PFP include: running, jogging, brisk walking, weight training, aerobics, rope jumping, bicycling, rowing, swimming, water aerobics, calisthenics, and other types of cardiovascular exercises. Other activities, such as golfing, bowling, softball, racquetball, tennis, team sports, sauna, steam room, etc., are not authorized under this program.

### **3. Responsibilities.**

3.1. Managers and supervisors are responsible for approving or disapproving employees' requests to participate in the PFP and monitoring their employees' use of excused absence for PFP activities. In addition, managers and supervisors have the following responsibilities:

3.1.1. Ensure the program is not compromised or abused.

3.1.1.1. Managers and supervisors are authorized to revoke participation privileges if any abuse is identified and/or take appropriate disciplinary action.

- 3.1.1.2. Managers and supervisors may require an employee to change or suspend participation in the PFP because of travel, training, or work exigencies. Employees who are scheduled to perform work for overtime/compensatory time (OT/CT) or credit hours will be suspended from participating in the PFP due to the necessity of their services and to reduce CT/OT expenditures.
- 3.1.1.3. Managers and supervisors should not excuse employees for PFP who work the entire shift with paid lunch, and/or receive pre/post shift overtime. These employees have been identified as being needed continuously on the job for the full tour of duty. Excusing these employees for PFP defeats the purpose of a paid lunch and/or pre/post shift overtime.
- 3.1.2. Ensure employee participating in the program provides medical clearance from a doctor certifying physical fitness activities are permitted and identifying any limiting conditions prior to beginning the program (Attachment 2).
- 3.1.3. Ensure employee provides a completed and signed Request for Approval of Excused Absence and Memorandum of Understanding for Physical Fitness Activities ([Attachment 3](#)).
- 3.1.4. Ensure employee maintains a fitness log ([Attachment 4](#)) or record of his/her fitness activities and/or submits OPM Form 71, *Request for Leave or Approved Absence*. All excused absence for PFP must be properly annotated on AFRC Form 270, *AFRC Timecard Worksheet*.
- 3.1.5. Maintain the original request for physical fitness time, whether approved or disapproved, as well as doctor's statement, in a confidential manner in a separate folder with the supervisor's employee work folder in a secure file.
- 3.1.6. Ensure excused absence for physical fitness activities is properly coded and has the mandatory information recorded in the "remarks" section on the AFRC timecard worksheet. The appropriate code is "LNF." The mandatory information includes: "Physical fitness/(Activity type)/(Activity location)." Ensure the code LN with environmental code PF is entered into the Automated Time and Attendance and Production System (ATAAPS).
- 3.1.7. Ensure employee provide a recertification every three (3) years that their medical/physical condition has or has not changed. Recertification may be requested sooner if there is reason to believe that the employee's medical/physical condition has changed. If there are no changes, employee may self recertify ([Attachment 5](#)). If there has been a change in the employee's medical/physical condition, employee must provide medical clearance from a doctor ([Attachment 2](#)). No further PFP activities will be approved until medical clearance from a doctor is provided.
- 3.2. Employee Responsibilities. An employee participating in the program must:
- 3.2.1. Ensure the supervisor is provided with a completed and signed Request for Approval of Excused Absence and Memorandum of Understanding for Physical Fitness Activities ([Attachment 3](#)).
- 3.2.2. Provide the supervisor with medical clearance from a doctor certifying physical fitness activities are permitted and identifying any limiting conditions. Doctor's statement

should include language such as, [Employee's name] is physically able to participate in [type of exercise activities] without limitation, or with the following limitations..." ([Attachment 2](#)).

3.2.2.1. For Air Reserve Technicians (ARTs) and federal civilian employees who are traditional reservists, the doctor's statement certifying that physical fitness activities are permitted and identifying any limiting conditions can be signed by either the employee's primary health care provider or the unit Reserve physician. Additionally, the individual must sign a certification statement that all medical information, to include medications, is documented in the military medical record ([Attachment 2](#)).

3.2.2.2. The Reserve physician is authorized to require any additional medical documentation they determine necessary before certifying that physical fitness activities are permitted. The responsibility for providing the information is the employee's and all costs associated with providing the information will be borne by the employee.

3.2.3. Engage in PFP activities only to the extent approved and documented in their doctor's statement and PFP application.

3.2.4. Promptly report to their manager or supervisor any injuries sustained while engaging in PFP activities.

3.2.5. Notify their manager or supervisors before leaving the workplace to participate in the PFP activities.

3.2.6. Maintain a fitness log or record of physical fitness activities and/or submit OPM Form 71 as determined by supervisor. Ensure AFRC Form 270 is annotated with excused absence code LNF and in remarks column with "Physical Fitness" and include the activity type and activity location." Input the code LN with environmental code PF into ATAAPS.

3.2.7. Provide a recertification every three (3) years that their medical/physical condition has or has not changed. If the medical/physical condition has changed prior to three years, employee must provide medical clearance from a doctor. If there are no changes, employee may self recertify ([Attachment 5](#)). If there has been a change in the employee's medical/physical condition, employee must provide medical clearance from a doctor ([Attachment 2](#)). No further PFP activities will be performed until medical clearance from a doctor is provided to the supervisor.

3.3. Timekeepers and supervisors are responsible for ensuring that employees' excused absence for PFP is accurately reflected in ATAAPS and Defense Civilian Pay system (DCPS).

STEVEN D. VAUTRAIN, Brig Gen, USAFR  
Commander

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

AFPD 36-8, *Employee Benefits and Entitlements and Work/Life Programs*, 10 February 2009

AFI 36-815, *Absence and Leave*, 5 September 2002

AFMAN 33-363, *Management of Records*, 1 March 2008

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

OPM Form 71, *Request for Leave or Approved Absence*

AFRC Form 270, *AFRC Timecard Worksheet*

***Terms***

**Physical Fitness Program (PFP)**—An optional program available to all full time 439 AW federal civilian employees with an appointment of one year or more to promote physical fitness.

**Medical Clearance**—Signed statement from employee's primary care provider/physician certifying that physical fitness activities are permitted and identifying any limiting conditions.

Attachment 2  
SAMPLE MEDICAL CLEARANCE FOR (PFP)

14 June 2011

MEMORANDUM FOR Mr. Abraham T. Washington

FROM: Dr. George X. Lincoln

SUBJECT: Medical Clearance for Physical Fitness Program Activities, Ms. Gladys R. Stone

1. I have reviewed this employee's most current medical records. This employee is cleared for participation in all of the following PFP activities, except for the restrictions and limitations annotated below:

- |                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| -running        | -rope jumping            | -calisthenics                   |
| -jogging        | -bicycling               | -fitness testing                |
| -brisk walking  | -rowing                  | -aerobics                       |
| -weight lifting | -swimming/water aerobics | -other cardiovascular exercises |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

3. This clearance expires on 14 June 2014 (three years from the date of this letter).

*George X Lincoln (555) 555-5555*  
SIGNATURE OF PHYSICIAN & PHONE NUMBER

CERTIFICATION STATEMENT

EMPLOYEE'S FULL NAME: GLADYS R. STONE

GRS I certify that I do not have any medical disorders or physical impairments that are not documented in my military medical record.

GRS I certify that I am not taking any medications that are not documented in my military medical record.

GRS I certify that I have fully and accurately discussed with the physician my health condition(s) which may limit or prevent my participation in a physical fitness program.

*Gladys R Stone*  
Signature

*14 June 2011*  
Date

### Attachment 3

## REQUEST FOR APPROVAL OF EXCUSED ABSENCE AND MEMORANDUM OF UNDERSTANDING (MOU) FOR PHYSICAL FITNESS ACTIVITIES

### EMPLOYEE

I, \_\_\_\_\_, have read the 439 AW Physical Fitness Program Instruction and understand that participation in the program is voluntary for eligible 439 AW employees.

I request approval of excuse absences, not to exceed three (3) hours per week, for the sole purpose of participating in physical fitness activities.

I understand (employee must initial each line):

\_\_\_\_\_ My three hours per week will not be accumulated and carried over, and that the time will include all travel time, changing of clothes and showering.

\_\_\_\_\_ This request must be accompanied by medical documentation (a doctor's statement), at my own expense, stating that physical fitness activities are permitted with or without limiting conditions.

\_\_\_\_\_ Time granted to engage in the PFP is a privilege, not a right, and that use of this time must be balanced with my obligation to accomplish my workload.

\_\_\_\_\_ My participation is subject to supervisory scheduling and approval. My supervisor is authorized to allow me up to three hours of excused absence per week, during which I may participate in fitness activities that have been approved for the PFP and for which I have medical documentation on file.

\_\_\_\_\_ 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.

\_\_\_\_\_ I must coordinate each absence with my supervisor for recording the appropriate amount of excused absence on my timecard worksheet.

\_\_\_\_\_ I must record each absence on my timecard worksheet with the appropriate code for excused absence (LNF) along with the remark "Physical Fitness."

\_\_\_\_\_ I may only participate in physical fitness activities on base during any period of excused absence for such activities. It is my responsibility to advise my supervisor of when I wish to engage in PFP activities.

\_\_\_\_\_ The fitness activities that have been approved for the PFP are running, jogging, brisk walking, weight lifting, aerobics, rope jumping, bicycling, rowing, swimming, water aerobics, calisthenics, and other types of cardiovascular exercises.

\_\_\_\_\_ Time spent in the PFP is to pursue activities which will help me reach a higher level of fitness by developing muscle tone, cardiovascular endurance, strength, and flexibility.

\_\_\_\_\_ Should my ability to participate in physical fitness activities become limited in any manner; I will notify my supervisor immediately.

\_\_\_\_\_ Failure to adhere to this MOU and the policy on physical fitness may result in termination of approval to participate in this program and/or lead to disciplinary action.

The activity(ies) I intend to pursue is (are):

The facility(ies) where I intend to pursue this (these) activity(ies) is (are):

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Duty Position

**FIRST LEVEL SUPERVISOR:**

\_\_\_\_\_ Requestor is a full time employee on an appointment of one year or more.

\_\_\_\_\_ Enhancement of mission accomplishment considered.

\_\_\_\_\_ Excused absence approved/disapproved.

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Supervisor's Signature

---

Date



Attachment 5

SAMPLE RECERTIFICATION STATEMENT

EMPLOYEE'S FULL NAME: GLADYS R. STONE

I certify that my medical/physical condition has changed/has not changed (circle one) within the last three (3) years.

*Gladys R. Stone*  
Signature

*14 June 2014*  
Date

*Gladys R. Stone*  
Signature

*14 June 201X*  
Date

*Gladys R. Stone*  
Signature

*14 June 201X*  
Date

*Gladys R. Stone*  
Signature

*14 June 201X*  
Date