

**BY ORDER OF THE COMMANDER  
8TH FIGHTER WING**

**8TH FIGHTER WING INSTRUCTION 36-815**



**18 SEPTEMBER 2015  
Certified Current, 29 August 2023  
Personnel**

**DOD CIVILIAN PARTICIPATION IN  
PHYSICAL FITNESS AND WELLNESS  
ACTIVITIES**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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**RELEASABILITY:** There are no releasability restrictions on this publication

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OPR: 8 FSS/FSM

Certified by: 8 MSG/CC  
(Col Seth C. Frank)

Pages: 7

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This instruction implements AFI 36-815, *Absence and Leave*, Chapter 8, Excused Absences, paragraph 8.1.1. The instruction provides guidance to supervisors, of Air Force civilian employees assigned to the 8th Fighter Wing, Kunsan Air Base, ROK, regarding authorization and participation in physical fitness and wellness activities. 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 the AF Forms 847 from the field through the appropriate functional chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

## **1. Program Overview.**

1.1. Objectives. The Civilian Physical Fitness and Wellness Program is designed to encourage US civilian employees to become physically active and promote a healthier workforce. This program offers an opportunity for civilians to make a lifestyle change and incorporate health and fitness into their day. Fitness activities will address cardiovascular/aerobic endurance, muscular strength, flexibility and body composition. Wellness programs include health education classes for nutrition, exercise, stress and weight management, and tobacco cessation. The Air Force encourages active participation in fitness activities and anticipates enhanced productivity and improved morale among participants.

1.2. Participation And Accountability. This guidance provides Commanders the discretion to implement the policy based upon mission requirements. Participation is strictly voluntary and supervisors will have the authority to approve participation and revoke privileges if any abuse is identified and is not promptly corrected. The supervisor/timekeeper is required to show physical fitness time on the attendance records with appropriate coding (LN) for excused absence which requires the supervisor's certification. Because the employee is on "official time", it is the supervisor's responsibility to ensure the employee is where they agreed to be and doing what they agreed to be doing.

1.3. Eligibility. Open to all full time, Air Force civilian employees assigned to the 8th Fighter Wing on other than temporary appointment (i.e. permanent and Term). Employees on temporary appointments are excluded. Participation in the Civilian Physical Fitness Program is a privilege, not a right.

1.4. Health And Fitness Assessment. Each participant is required to complete the Request for Approval of Excused Absence and Memorandum of Understanding (MOU) for Physical Fitness Activities (Attachment 2) as well as the PAR-Q & YOU Questionnaire (Attachment 3) prior to being considered for the Civilian Physical Fitness Program. If one or more questions is answered "yes", on the PAR-Q & YOU Questionnaire, the employee must provide a doctor's statement (at employees own expense) stating that physical fitness activities are permitted along with identifying any limiting conditions.

1.5. Use Of Duty Time And On-Base Facilities. Civilian employees may be excused from duty for physical fitness activities up to three (3) hours per week based on mission and workload requirements. The three (3) hours of fitness time may be spread throughout five (5) days or used in three days. Only one block of time per day is authorized under this program. A block of time is a segment of not less than fifteen minutes nor longer than ninety minutes, (i.e. 15,30,45,60, etc.). This time will not be accumulated and carried over to another work week. This time includes any travel time, changing of clothes and showering. The use of duty time for this program is authorized under AFI 36-815, paragraph 8.1.1 and will be considered similar to other Office of Personnel Management (OPM) approved health promotion activities such as smoking cessation classes for civilian employees. In order to maintain the integrity of this program, fitness activities will only be performed on base or in base facilities. Base facilities will be available to employees in accordance with the current installation policy.

## **2. General Guidelines.**

2.1. Use of duty time (excused absence) is appropriate only if approved by the second level supervisor in accordance with procedures. Mission impact is the key element in making this decision. Normally, overtime, compensatory time, and credit hours may not be approved nor earned on days when use of duty time is authorized under this program.

2.2. Employee is required to show physical fitness time, in their time and attendance records, with appropriate time coding "LN" for excused absence, which requires both the employee's and the supervisor's certification.

2.3. Employees with documented attendance or leave abuse issues will be prohibited from participating in the civilian fitness program.

2.4. Employees may challenge decisions to deny the excused absence only if the denial was either arbitrary or capricious.

2.5. PAR-Q & YOU questionnaire and employee Memorandum of Understanding (MOU) must be re-validated annually.

### **3. Employee Responsibilities.**

3.1. Ensure the supervisor is provided with a completed, signed and dated, Request for Approval of Excused Absence and Memorandum of Understanding for Physical Fitness Activities (Attachment 2).

3.2. Provide the supervisor with a completed, signed and dated, PAR-Q & You questionnaire. If one or more questions is answered "yes", on the PAR-Q & YOU Questionnaire the employee must provide a doctor's statement (at employees own expense) stating that physical fitness activities are permitted along with identifying any limiting conditions.

3.3. Include the activity(ies) the employee intends to pursue and the facility(ies) that the employee intends to utilize.

3.4. Submit the Request for Approval of Excused Absence and Memorandum of Understanding for Physical Fitness Activities and the PAR-Q & You questionnaire through the first line supervisor to second line supervisor for final approval/disapproval (unless the 1st line is the unit commander).

### **4. Supervisor Responsibilities.**

4.1. Determine if mission requirements will allow participation, and suspend participation for short periods of time, or cancel participation if mission requirements change.

4.2. Suspend participation if overtime is being worked.

4.3. Ensure that employees utilize fitness time to engage in bona fide fitness activities only.

4.4. File the request for physical fitness time in the Supervisory Record of Employee (AF Form 971, *Supervisor's Employee Brief*) whether approved or disapproved (the doctor's statement should be filed with the request).

4.5. Prior to beginning the program, provide a copy of both the request and doctor's statement to the CPS for review and retention.

4.6. Ensure that the employee re-validates the employee MOU and PAR-Q & You Questionnaire annually.

JEREMY T. SLOANE, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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*

AF Form 971, *Supervisor's Employee Brief*

***Abbreviations and Acronyms***

**AB**—Air Base

**DOD**—Department of Defense

**MOU**—Memorandum of Understanding

**OPR**—Office of Primary Responsibility

**PAR—Q** – Physical Activities Request-Questionnaire

**PFP**—Physical Fitness Program

***Terms***

**LN**—Excused absence (Administrative Leave) when inputting an employee's time and attendance in the Automated Time Attendance and Production System (ATAAPS).

## Attachment 2

**REQUEST FOR APPROVAL OF EXCUSED ABSENCE AND MEMORANDUM OF UNDERSTANDING (MOU) FOR PHYSICAL FITNESS ACTIVITIES****Figure A2.1. Request for Approval of Excused Absence and Memorandum of Understanding (MOU) for Physical Fitness Activities****EMPLOYEE**

I, \_\_\_\_\_, have read the Kunsan Air Base Physical Fitness Program (PFP) guidelines and understand that participation in the program is voluntary for eligible DoD Air Force Employees assigned to the 8th Fighter Wing at Kunsan AB.

I request approval of excused 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, if I answered 'yes' to one or more of the seven questions on the PAR-Q form.

\_\_\_\_\_ 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 (3) 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 in the time and attendance system.

\_\_\_\_\_ I must record each absence in the time and attendance system with the appropriate code for excused absence (LN) along with the remark "Physical Fitness", and Environmental/Hazard code (PF).

\_\_\_\_\_ 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, 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.

\_\_\_\_\_Requestor has/has no documented attendance or leave abuse issues.

\_\_\_\_\_Recommend that excused absence approved/disapproved.

\_\_\_\_\_  
(1st Level) Supervisor's Signature

\_\_\_\_\_  
Date

**SECOND LEVEL SUPERVISOR:**

Excused absence approved/disapproved.

\_\_\_\_\_  
(2nd Level) Supervisor's Signature

\_\_\_\_\_  
Date

## Attachment 3

## PAR-Q &amp; YOU QUESTIONNAIRE

Figure A3.1. Par-Q &amp; You

Physical Activity Readiness  
Questionnaire - PAR-Q  
(revised 2002)

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

**If you answered YES to one or more questions**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**NO to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**DELAY BECOMING MUCH MORE ACTIVE:**

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.


"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ WITNESS \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

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