

**BY ORDER OF THE COMMANDER
HQ AIR FORCE PERSONNEL CENTER**

**AIR FORCE PERSONNEL CENTER
INSTRUCTION 36-119**

24 JANUARY 2019

Personnel

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



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing web site at www.e-Publishing.af.mil

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AFPC/DSHC

Certified by: HQ AFPC/DS
(Mr. Ellwood P. Hinman IV)

Pages: 8

This instruction provides guidance and procedures for participation in physical fitness and wellness activities as established by Air Force Policy Directive 36-8, *Employee Benefits and Entitlements and Work/Life Programs* and Air Force Instruction (AFI) 36-815, *Absence and Leave*. This instruction applies to assigned Air Force Personnel Center (AFPC) employees on board Joint Base San Antonio (JBSA)-Randolph, Texas. This publication does not apply to Air Force Reserve Command Units. This publication does not apply to the Air National Guard. This publication may not be supplemented or further implemented/extended.

Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 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 (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule. No waivers may be granted for any part of the publication. Refer to attachment 1 for Glossary of References and Supporting Information.

Chapter 1

OVERVIEW

1.1. Program Overview. The Civilian Physical Fitness and Wellness Program (PFP) is a program designed to increase physical activity, promote responsible dietary habits, increase utilization of preventive health screenings, and encourage healthy choices. The Air Force encourages active participation in fitness activities and anticipates enhanced productivity. Air Force Appropriated Fund civilians at Air Force Personnel Center at JBSA-Randolph, TX, may be excused for health, wellness and physical fitness activities up to (3) hours per week based on mission and workload requirements. Employee Health is essential to the effective functioning of the Air Force.

1.2. Eligibility. This program offers an opportunity for civilians to make lifestyle changes 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, exercises, stress and weight management, and tobacco cessation. Employees on temporary appointments are excluded, as they are short-term employees hired for a specific purpose.

1.3. Package Requirements. To participate in the PFP participants must submit a PFP packet request to their first-level or second-level supervisor consisting of AFPC Form 14, *Request For Approval of Excused Absence and Memorandum of Understanding for Participation in the Civilian Physical Fitness Activities* (attachment 2) and AFPC Form 15, *Medical Certification* (attachment 3). Request packet must be approved by first-or second-level supervisor before the employee can participate in the PFP. Participation in the civilian PFP is a privilege not a right. An employee's violation of any provision in this Instruction may be cause for disciplinary action and /or removal from participation in the PFP program.

1.4. Reporting of Participation. The employee, supervisor and timekeeper is required to show physical fitness time on attendance sheets with appropriate coding (LN) for excused absence in accordance with AFI 36-815, which requires the supervisor's signature. 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. Employees with documented attendance or leave abuse issues will be prohibited from participating in the civilian fitness program.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Supervisor Responsibilities. Supervisors are responsible for approving or disapproving employee's requests to participate in PFP and monitoring their employee's use of excused absence for PFP activities. In addition, supervisors have the following responsibilities:

2.1.1. Ensure program is not compromised or abused.

2.1.1.1. Supervisors are authorized to revoke participation privileges if any abuse is identified and/or take appropriate disciplinary action.

2.1.1.2. Supervisors may require an employee to change or suspend participation in the PFP because of travel, training, or work exigencies. Employee's 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 necessity of their services.

2.1.2. 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.

2.1.3. Ensure employee provides a completed, signed and approved copy of AFPC Form 14 and AFPC Form 15 prior to participation in the physical fitness program.

2.1.4. File the PFP packet in the employees AF Form 971, *Supervisor Employee Brief* whether approved or disapproved, as well as doctor's statement, in a separate and secure file.

2.1.4.1. Recertification may be requested if there is reason to believe that the employee's medical/physical condition has changed. No further physical fitness activities will be approved until medical clearance from doctor is provided.

2.2. Employee Responsibilities. An employee participating in the program must:

2.2.1. Provide the supervisor with a completed and signed AFPC Form 14.

2.2.2. Provide the supervisor with a completed and signed AFPC Form 15, from a doctor certifying physical fitness activities are permitted and identifying any limiting conditions.

2.2.3. Provide supervisor with a physical fitness schedule, and a copy of the fitness log or record of physical fitness activities.

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

2.2.5. Promptly report to their manager or supervisor any injuries sustained while engaging in PFP activities. Report all injuries using the forms covered in Chapter 4 of this AFPCI.

2.2.6. Notify their manager or supervisor before leaving the work place to participate in the PFP activities.

2.2.7. Maintain a fitness log or record of physical fitness activities.

Chapter 3

GENERAL GUIDELINES

3.1. Program Guidelines. Mission impact is the key element. Time off for physical fitness activities will be coordinated in advance with supervisor with a signed agreement. At minimum, the agreement will include AFPC Form 14 and AFPC Form 15.

3.1.1. The supervisor has the prerogative to modify or cancel any exercise period in order to satisfy operational requirements. If an employee's request is not approved or an employee cannot be released due to mission requirements, the employee may not challenge the decision unless arbitrary or based on discrimination.

3.1.2. In accordance with AFI 36-815, employees must be present prior to or following fitness time; additionally, in order to minimize travel time away from work, employees will utilize installation fitness facilities. Exercise performed during a normal workday must be conducted at the employee's duty location.

3.1.3. 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 includes any travel time, changing of clothes and showering. This time will not be accumulated and carried over to another work week.

3.1.4. Under AFI 36-815, employees engaged in telework shall not take time off to perform fitness activities while teleworking.

3.2. Approved Activities. Approved physical fitness activities are those which address cardiovascular/aerobic endurance, muscular strength and endurance, or flexibility and body composition. Physical fitness activities approved under 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, team sports, sauna, steam room, etc., are not authorized under this program.

Chapter 4

SAFETY PROCEDURES

4.1. Safety Provisions. Managers/supervisors should remind participating employees of safety precautions as they enter into the physical fitness program. This reminder should be documented on the AF Form 55, *Employee Safety and Health Record*.

4.2. Safety Reporting Procedures. Since employees participating in this program are in a duty status, any injury sustained during physical fitness may be covered by the Office of Worker's Compensation Program. For the protection of both the employee and the Air Force, injuries must be reported promptly to the first-level supervisor even if no medical attention is sought. This protects the employee's entitlement if complications develop later. For additional information regarding this program, please refer to the Injury Compensation knowledge article at https://mypers.af.mil/app/answers/detail/a_id/2556/p/2/c/447/p/2/c/447.

4.3. Required Forms. In case of injury, the following documentation is required: CA-1 "*Federal Employee's Notification of Traumatic Injury and Claim for Continuation for Pay /Compensation*" <https://www.sec.gov/about/forms/formca-1.pdf>; CA-16 "*Authorization for Examination and/or Treatment*" (used only if medical treatment is required).

ANDREW J. TOTH, Maj General, USAF
Commander

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

AFPD 36-8, *Employee Benefits and Entitlements and Work Life Program*, 24 December 2014

AFI 36-815, *Absence and Leave*, 8 July 2015

AFI 36-114, *Guide to Civilian Personnel Recordkeeping*, 8 November 2017

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

Prescribed Forms

AFPC Form 14, *Request for Approval of Excused Absence and Memorandum of Understanding for Participation in the Civilian Physical Fitness Activities*

AFPC Form 15, *Medical Certification*

Adopted Forms

AF Form 55, *Employee Safety and Health Record*

AF Form 847, *Recommendation for Changes of Publication*

AF Form 971, *Supervisor Employee Brief*

Abbreviations and Acronyms

CH—Credit Hours

CT—Compensatory Time

OT—Overtime

PFP—Physical Fitness Program

Terms

Compensatory Time—Time an employee is compensated for overtime worked instead of receiving overtime pay.

Credit Hours—Hours that an employee elects to work, during the flexible work hours, in excess of the employee's basic work requirements under flexible work schedule.

Excused Absence—In accordance with AFI 36-815, this excused absence is paid time off for health and wellness physical activities.

Overtime—Hours of work that are officially ordered in advance and in excess of eight hours in a day or 40m hours in a week.

Attachment 2

AFPC FORM 14, REQUEST FOR APPROVAL OF EXCUSED ABSENCE AND MEMORANDUM OF UNDERSTANDING FOR PARTICIPATION IN THE CIVILIAN PHYSICAL FITNESS ACTIVITIES

Figure A2.1. AFPC Form 14, Request For Approval Of Excused Absence And Memorandum Of Understanding For Participation In The Civilian Physical Fitness Activities.

REQUEST FOR APPROVAL OF EXCUSED ABSENCE AND MEMORANDUM OF UNDERSTANDING FOR PARTICIPATION IN THE CIVILIAN PHYSICAL FITNESS ACTIVITIES	
DISPOSITION: File request package (approved or disapproved) to include physician's statement in the Supervisor's Employee Work Folder ("971 Folder").	
EMPLOYEE	
I, _____, request approval for excused absence not to exceed 3 paid duty hours per week for the sole purpose of participating in physical fitness activities. My planned fitness activities are <input type="radio"/> UNRESTRICTED <input type="radio"/> RESTRICTED.	
I, _____, have read AFPCI 36-119 DOD Civilian Participation in Physical Fitness and Wellness Activities Program and understand that participation in the program is voluntary for eligible AFPC 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 time will include all travel time, changing of clothes and showering.	
_____ This request must be accompanied by medical documentation (AFPC Form 15, Medical Certification), 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 (LN) 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 superior immediately.	
_____ Failure to adhere to this MOU and AFPCI 36-119 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 Name (Print)	Duty Position
Employee's Signature	Date
FIRST / SECOND LEVEL SUPERVISOR:	
<input type="checkbox"/> Requester is a full time employee on a permanent appointment.	
<input type="checkbox"/> Enhancement of mission accomplishment considered.	
<input type="checkbox"/> Excused absence <input type="radio"/> approved <input type="radio"/> disapproved.	
Supervisor's Signature	Date

Attachment 3

AFPC FORM 15, MEDICAL CERTIFICATION

Figure A3.1. AFPC Form 15, Medical Certification.

MEDICAL CERTIFICATION	
Date _____	
MEMORANDUM FOR Mr./Ms. _____	
FROM: Doctor _____	
SUBJECT: Medical Certification for Physical Fitness and Wellness Activities Program for Mr./Ms. _____	
<p>1. I have reviewed this employee's most current medical records. This employee is cleared for participation in all PFP activities, except for the restrictions and limitations annotated.</p> <p>_____</p>	
<p>2. Additional Comments:</p> <p>_____</p> <p>_____</p>	
PHONE NUMBER OF PHYSICIAN _____	SIGNATURE OF PHYSICIAN _____

AFPC FORM 15, 20190124
Prescribed by: AFPCI 36-119