



DEPARTMENT OF DEFENSE
UNITED STATES SOUTHERN COMMAND
 9301 NW33rd STREET
 DORAL, FL 33172-1202

21 February 2018

SC Regulation 0236-03

CIVILIAN FITNESS/WELLNESS PROGRAM
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1. References.

a. AR 600-63, Army Health Promotion, 14 April 2015

2. Applicability. All U.S. government civilian employees of HQ USSOUTHCOM, Joint Activities, and Sub-Unified Commands assigned to or reporting through USSOUTHCOM, to include Security Cooperation Offices (SCOs).

3. Background. Army policy encourages civilian employees employed by the Army to engage in a program of exercise and other positive health habits. The regulation allows Commanders/supervisors to approve up to 3 hours per week (not to exceed 6 consecutive months) to allow participation in an exercise program, subject to mission requirements. The program is required to consist of participant evaluation, both pre- and post-program, continuous monitoring during the program, and exercise and nutrition education. These activities must be an integral part of a total fitness program.

4. Purpose. The Civilian Fitness Program is a voluntary program designed to optimize organizational readiness and work performance to full time civilian employees. With approval from the supervisor, the employee may use three hours administrative leave per week to engage in physical training for not more than six consecutive months. Supervisors will ascertain restrictions as to when the employee must be accountable for his or her actions and the supervisor must ensure that the employee is using the specified time during the agreed upon date and time.

*Supersedes SC Regulation 0236-03, dated 01 October 2005

a. Reporting: A pre and post program evaluation will be conducted. The employee must complete the pre assessment to be enrolled in the program and the final assessment to be considered as satisfying the requirements of the program. Employee must obtain a Civilian Fitness Enrollment packet and registration information (APPENDIX A-E).

b. Timecards/ATAAPs. Department of the Army Civilians must utilize a specific code within ATAAPS to identify participation in a command-sponsored formal training program that includes physical fitness, health assessments and/or evaluations, and education on nutrition and exercise principles. Employees will create a leave request in ATAAPS, using LN (administrative leave) for the Leave Type Hours then select PF for Physical Fitness Leave from the Purpose Code drop down menu.

5. Records Management. Records created through the implementation of this policy will be maintained in accordance with CJCSM 5760.01, Volume II (Records Schedule).

6. Point of contact for this regulation is SCJ14, at DSN 567-1278, 0799 or 3558.

The proponent agency of this regulation is the US Southern Command. Users are invited to send comments and suggested improvements to: HQ USSOUTHCOM, ATTN: J1, 9301 NW 33rd St., Doral, FL, 33172-1202

FOR THE COMMANDER:

PATRICIA M. ANSLOW
Major General, USA
Chief of Staff

DISTRIBUTION

Employee Wellness & Civilian Fitness Program



DA approved program in which full-time civilians employed by the Army are encouraged to engage in regular program of exercise and other positive health habits. Supervisors may approve up to 3 one-hour wellness/fitness sessions each week during normal work hours for a consecutive 6 month period of time. This program is a *one-time enrollment opportunity*.

Goal: to initiate and maintain healthy behavioral changes via pre and post assessments and utilization of exercise, nutrition, and wellness programs available on USSOUTHCOM. Supervisor's approval and support is necessary for official enrollment.

Why become a Participant?

- Health Benefits
 - Stress Management
 - Positive Attitude – better overall outlook on life situations; improve mental awareness
 - Decrease risk factors associated with debilitating diseases (heart disease, stroke)
- Increase Work Performance
- Less chance of illness/injury as a result of a regular exercise program
- Develop positive lifestyle behavior through participating in a regular exercise/wellness program
- Receive weekly health and fitness tips to supplement your fitness prescription
- Set goals and realize them over 6-month period; participants are able to compare pre and post assessments.

What Assessments will be available?

- Medical Considerations and Health History Review
- Blood Pressure Measurement
- Body Composition
- Cardio and Respiratory Endurance
- Flexibility

APENDIX B
SUPERVISOR / EMPLOYEE PARTICIPATION FORM

***Make a copy for your records and a copy for your supervisor. You are not enrolled until your supervisor approves your Employee Wellness & Civilian Fitness Enrollment Approval Form*.**

****PLEASE PRINT CLEARLY****

Name of Employee: _____ Name of Supervisor: _____
Organization: _____ Work phone: _____
Supervisor's Work Phone: _____ Supervisor's E-mail: _____
Employee's E-mail: _____

AGREEMENT

1. We understand and agree that (employee name) _____ will be participating in the command-sponsored Employee Wellness & Civilian Fitness Program. He/she may use up to 3 one hour sessions each week over a consecutive 6 month period. **We understand and agree that the specified exercise location will be the place of duty during authorized exercise period, as approved by supervisors.**

2. We also understand and agree that:
 - a. You have the opportunity to dis-enroll within 1 month from your official start date and keep your eligibility to enroll (one more time) at a later time.

 - b. Employee will execute and maintain all documents required by this program, including this document (Appendix B), Appendix C, Appendix D and Appendix E.

 - c. Exercise sessions will start and finish at USSOUTHCOM fitness center.

 - d. Unused exercise hours may not be carried forward to subsequent weeks.

 - e. The program end date will not be extended to make up for exercise periods missed due to leave, temporary duty, or other reasons.

 - f. No additional duty time is authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or "cooling down" following exercise periods.

 - g. Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and wellness classes will be spent in the normal duty workplace accomplishing normal duties.

 - h. 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.

- i. Employee understands that if he/she chooses to use Personal Trainers, Exercise Gear, etc., that the cost is his/her financial responsibility.
- j. Failure to complete the post assessment may result in an “Incomplete” notification to be forwarded to your supervisor. Supervisors may request that the time granted for the program as “Administrative Leave” be replaced as “Annual Leave or LWOP”.
- k. Employee timesheets will be coded as “Administrative Leave” for exercise/wellness sessions.

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

4. I understand that this is a onetime opportunity, and certify that I have not been enrolled in the Employee Wellness & Civilian Fitness Program at any other location before.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Fitness Command Coordinator _____ Date _____

PLEASE PROVIDE A COPY OF YOUR ENROLLMENT TO THE CIVILIAN PERSONNEL OFFICE

If you have any questions regarding who to have sign your form, call the Employee Wellness & Civilian Fitness Command Coordinators: Health Promotion Office Garrison Wellness Coordinator:

APPENDIX C
HEALTHCARE PROVIDER APPROVAL FORM

MUST BE DATED WITHIN 30 DAYS OF START OF PROGRAM

Patient name _____ **Phone** _____
(Print)

Has medical approval to participate in the physical fitness component of the Employee Wellness & Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires. If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (**if none, so state**):

Health Care Provider's Signature _____ **Date** _____

Provider's Name/Stamp _____

Office telephone number _____

E-mail Address _____

APPENDIX D

Employee Wellness & Civilian Fitness Program Release/Waiver of Liability

I know that participating in a physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, and equipment conditions.

In consideration of the opportunity to participate in the physical fitness program, I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED IN SAID PHYSICAL FITNESS PROGRAM. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the physical fitness program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding document which I have read and understand.

Print Name:

Signature:

Date: _____

APPENDIX E
Employee Wellness & Civilian Fitness Program Tracking Log

Directorate: _____ Goal: _____
 Employee Name: _____ Phone Number: _____
 Supervisor Name: _____ Phone Number: _____
 Beginning Date: _____ Ending Date: _____

Week	Monday (Workday1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
<i>Week 1 (Sample)</i>		<i>4/5/11 1000 – 1100 Walk</i>		<i>4/7/11 1300- 1400 Walk</i>	<i>4/8/11 1000- 1100 Nutrition</i>
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					

Week	Monday (Workday1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
<i>Week 1 (Sample)</i>		<i>4/5/11 1000 – 1100 Walk</i>		<i>4/7/11 1300- 1400 Walk</i>	<i>4/8/11 1000- 1100 Nutrition</i>
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					