



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

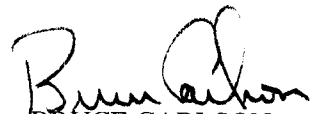
NOV 21 2005

MEMORANDUM FOR ALHQCTR/CC
ALINST/CC
ALHQSTAFF

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

SUBJECT: Revised AFMC Civilian Fitness Program Policy

1. I am very pleased with the interest shown in the AFMC Civilian Fitness Program. This program, along with the Civilian Health Promotion Services initiative, encourages health and well-being for AF Civilians. To that end, the fitness program is being extended to include those AF Civilians who are on a part-time schedule.
2. Effective immediately, all appropriated fund AF Civilians, both full- and part-time, may be authorized time for structured physical fitness activity while in an official duty status. Use of time for physical fitness activities by part-time employees should be pro-rated to correspond with the number of hours worked per pay period, as described in Attachment 1. Participation in this program is voluntary on the part of the employee. Other than this change, guidance for participation in physical fitness activities remains the same as that issued on 11 Feb 05.
3. Bargaining obligations have been satisfied with AFGE Council 214 at the Command level for the revised fitness program. The Fitness Memorandum of Agreement (MOA) signed on 17 Oct 05 is at Attachment 1. Activities with local bargaining obligations should proceed with local negotiations as appropriate.
4. The health and fitness of everyone in this Command is a top priority. We will continue our efforts to make fitness a part of our total force culture in AFMC. Questions regarding this policy may be referred to Ms. Jane Hostler, HQ AFMC/A1SL, DSN 986-2822, jane.hostler@wpafb.af.mil. Labor issues may be referred to Mr. Randy Shaw, HQ AFMC/A1SL, DSN 787-2382, randy.shaw@wpafb.af.mil.


BRUCE CARLSON
General, USAF
Commander

Attachment:
MOA on Physical Fitness, 17 Oct 05
w/Atch

MEMORANDUM OF AGREEMENT

On Physical Fitness

1. The American Federation of Government Employees (AFGE) Council 214 and Air Force Materiel Command (AFMC), hereafter referred to as the Union and Management, hereby enter into this Memorandum of Agreement regarding physical fitness as it applies to bargaining unit members covered by the Master Labor Agreement (MLA) between the parties.

2. In accordance with the Air Force directed fitness initiative, Air Force full- and part-time civilian employees will be allowed to voluntarily participate in physical fitness programs. Fitness activities suitable for excused absence should address cardiovascular/aerobic endurance, muscular strength, endurance, flexibility and body conditioning. Full-time employees will be excused with no charge to leave, for up to 3 hours (recommend 1 hour minimum to 1½ maximum per session) per week, for exercise activities. However, the supervisor may make the ultimate determination as far as the minimum and maximum per session. Use of time for physical fitness 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) = up to 1.75 hrs/week

3. 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 exercise location. On base facilities should be utilized. However, alternate arrangements may be worked at the local level for employees located off the installation. Physical fitness periods can be combined with authorized breaks or in conjunction with the regularly scheduled lunch period.

4. 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). Request sheets must be filed in the employee's Supervisory Record (AF Form 971). Individuals serving in Performance Improvement Periods (PIP) or identified with sick leave abuse (IAW MLA 24.03) are ineligible to participate in the program. Scheduling for participation in the fitness program must be accomplished through the employee's first level supervisor. Participation for short periods of time may be disallowed by the Wing CC/Director or two digit staff director during workload surges to include periods of mandatory overtime. Specific times for participation will be dictated by mission requirements and approved in advance. Management may revoke participation privileges if abuse is identified.

5. 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”) along with remark “Physical Fitness.”

6. The parties agree that local agreements on compensated fitness time are null and void.

7. In the spirit of partnership, the Union and Management agree to keep each other informed and to work together to address unforeseen issues that may arise during implementation or concerns over compliance with this MOA. Either party may open this agreement for clarification or modification by written notice to the other party no later than thirty days prior to the anniversary date of the agreement. Either party may terminate the agreement by providing the other party with a thirty day notice after the initial 6 month period. All remedies available under the MLA or 5 U.S.C. 71 will remain available to the Parties if concerns cannot be cooperatively resolved.

NOTES:

1. This agreement supersedes MOA, Physical Fitness, signed 14 Jan 05

2. This agreement supersedes paragraph #2 of the 6 Nov, 2003, Physical Fitness Activities and Compressed Work Schedules MOA. Paragraph #2 prohibited physical fitness on compensated time, which is now allowed by this MOA.

3. The “disallowance” provision in paragraph 4 could be satisfied by the Group or Squadron CC/Director if they are a direct report to the Center CC.

/S/ Scott Blanch 17 Oct 05
For the Union Date

/S/ Raymond Rush 17 Oct 05
For Management Date

/S/ Tom Robinson 17 Oct 05
For the Union Date

/S/ Randy Shaw 17 Oct 05
For Management Date

Atch: 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 activities.

I understand (employee must initial each line):

_____ I may only participate in physical fitness activities using base facilities during any period of excused absence for such activities.

_____ My participation is subject to supervisory scheduling and approval. I understand that periods of participation for short periods of time may be disallowed by the Wing CC/Director or two digit staff director during workload surges to include periods of mandatory overtime.

_____ I must provide time keeper and/or supervisor with information necessary to appropriately code timesheets for excused absence ("LN") along with remark "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.

_____ 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:

_____ Excused absence is **Approved/Disapproved (circle one)**.

Supervisor's Signature

Date