

**MEMORANDUM OF AGREEMENT**  
**On**  
**Civilian Physical Fitness**  
**and**  
**Wellness Activities**

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 AFMC civilian fitness and wellness initiatives, Air Force full- and part-time civilian employees will be allowed to voluntarily participate in physical fitness and wellness programs. Fitness activities suitable for excused absence should address cardiovascular/aerobic endurance, muscular strength, endurance, flexibility and body conditioning. Wellness program activities include AFMC Civilian Health Promotion Services (CHPS) offered at each AFMC installation. These services include, but are not limited to, an annual physical health assessment, health education classes for nutrition, exercise, stress and weight management, and tobacco cessation. 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 these activities. However, the supervisor may make the ultimate determination as far as the minimum and maximum per session. Use of time for fitness/wellness 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 fitness/wellness program location. On base facilities should be utilized. However, alternate arrangements may be worked at the local level for employees located off the installation. Fitness/wellness 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). The request form is not necessary for participation solely in

wellness activities, but is required for participation in fitness activities. 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/wellness 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/Wellness."

6. The parties agree that local agreements on compensated fitness/wellness 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.

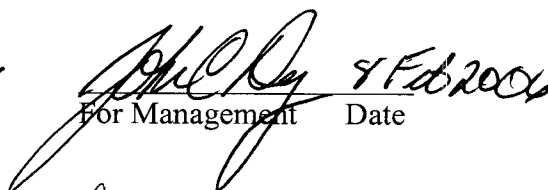
**NOTES:**


1. This agreement supersedes MOA, Physical Fitness, signed 17 Oct 05

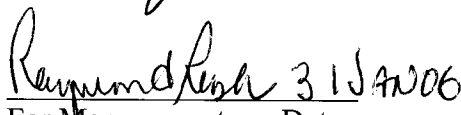
2. This agreement supersedes paragraph #2 of the 6 Nov, 2003, Physical Fitness Activities and Compressed Work Schedules MOA. Paragraph #2 prohibited physical fitness on compensated time, which is now allowed by this MOA.

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.

  
For the Union                      Date      31 JAN 06

  
For Management                      Date      4 Feb 2006

  
For the Union                      Date      31 JAN 2006

  
For Management                      Date      31 JAN 2006

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**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