



DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS MARYLAND 21402-1300

USNAINST 6100
24/HRO

7 MAY 2014

USNA INSTRUCTION 6100

From: Superintendent

Subj: CIVILIAN FITNESS PROGRAM (CFP)

Ref: (a) 5 USC 7901
(b) OPM Employee Health Services Handbook
(c) DoD Directive 1010.10, dated August 22, 2003
(d) DON Civilian Human Resources Manual Subchapter 792.4
(e) 5 USC 8102

Encl: (1) USNA 6100/1
(2) USNA 6100/2

1. Purpose. To establish the policy and procedures for a command sponsored civilian employee fitness program in accordance with references (a) through (e); with the objective of encouraging civilian employees to actively participate in a fitness program to support a healthier lifestyle and to lead by example in promoting the United States Naval Academy (USNA) mission to develop Midshipmen physically.

2. Cancellation. Civilian Fitness Program Memo, HRD-07-13.

3. Applicability. This instruction applies to all full-time and part-time appropriated and non-appropriated civilian employees of USNA. Intermittent and flex employees are not eligible for this program.

4. Background

a. Reference (a) states that "the head of each agency of the Government of the United States may establish, within limits of appropriations available, a health service program to promote and maintain physical and mental fitness of employees under this jurisdiction."

b. Reference (b) provides that each department or agency has discretion to excuse employees from their duties without loss of pay or charge of leave, provided it is not specifically prohibited by law, is officially sponsored or sanctioned by the head of the department or agency, and involves participation in an officially sponsored and administered physical fitness program.

c. Reference (c) states that it is DoD policy to "enhance mission readiness, unit performance, and the health and fitness of military personnel, beneficiaries, and civilian employees through the creation of a culture within the Department of Defense that values health and fitness and empowers individuals and organizations to actualize those values and achieve optimal health."

d. Reference (d) provides that excused time for a fitness program to be granted in increments of 59 minutes or less per absence, that it may not exceed 3 hours per week, and that excused absences for this purpose cannot interfere with or impede the progress of the command's mission.

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e. Reference (e) provides compensation benefits to employees for disability or death due to personal injury or disease sustained while in the performance of duty. Employees injured while participating in agency approved physical fitness activities have the right to file a workers' compensation claim.

5. Policy. USNA supports a healthy lifestyle for all employees and encourages eligible employees to participate in this program. Supervisors and managers are authorized to grant eligible employees up to three (3) hours of administrative leave per week to participate in authorized physical activities as follows:

a. Participation is not an entitlement and is contingent on the approval and scheduling of the employee's first level supervisor or cost center designee.

b. Participation in the program will not take precedence over the employee's work responsibilities or the command's mission.

c. Command-wide participation in the program may be suspended at any time by the Superintendent. Individual participation in the program may be suspended at any time by a manager or supervisor in the chain of command. Reasons for program suspension may include, but are not limited to: mission priorities, workload demands, failure to comply with any requirement or restriction of the program, irregular or erratic attendance, abuse of the program, and/or misconduct or poor job performance.

d. Approval can be for no more than three (3) months at a time and will coincide with fiscal quarters.

e. The excused time must be recorded as LN/Administrative Leave on time sheets and/or in SLDCADA, with a comment in the notes section stating "CFP".

f. No more than 59 minutes of excused time may be granted in a single day and no more than three (3) hours may be granted per week for this program.

g. It is at the discretion of the individual employee, contingent upon supervisory approval, to combine excused fitness time with the meal period.

h. Time spent traveling to/from the activity location, changing clothes, stretching, showering, etc., is included in the allotted physical activity time. No additional time can be granted for these purposes.

i. Expenses incurred traveling to and from the exercise location are not reimbursable.

j. Employees are encouraged to seek their medical provider's advice before participating in this program. USNA is not responsible for funding medical examinations or tests related to the employee's participation in this program.

k. Authorized excused time not used by the employee is forfeited; it cannot be carried over to a following day or time after the fact. However, at the supervisor's discretion, the exercise period may be rescheduled to

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another day or time in the same week. Under no circumstances may any hours be carried over to another week.

l. Employees who work part-time schedules will have their maximum hours per week of participation in the program appropriately prorated by their supervisor.

m. Supervisors should not excuse an employee's absence for exercise on days when an employee is scheduled to work overtime or in cases when overtime, credit hours, or compensatory time hours would result from the employee's use of excused time. However, if the employee has already used their scheduled excused time and then a mission critical situation arises, the supervisor may grant unscheduled overtime, credit hours, or compensatory time.

n. Should a concern arise with how the program is being implemented with respect to a specific employee, the employee may present the concern to the HRO Work/Life Program representative. The HRO Work/Life Program representative may then meet with the employee and/or supervisor to provide further clarification on program policy.

o. Exclusive representatives of individual bargaining units may sign Memorandums of Agreement with civilian Human Resources Offices to allow for bargaining unit participation in the program. Bargaining unit participation is contingent upon union acknowledgement that this program is not an entitlement, does not set precedent or establish past practice, and that all matters associated with the implementation, administration, suspension, and/or cancellation of the program are excluded from current or future negotiated grievance or third party procedures.

p. This policy does not, is not intended to, nor may be relied upon to, create a right of benefit, substantive or procedural, enforceable at law by a party to litigation with the United States.

6. Responsibilities

a. HRO Work/Life Programs Representative

(1) Provide guidance to employees and supervisors which is consistent with this instruction.

(2) Administer, monitor and periodically evaluate the program to determine and recommend if the program should be continued, modified or discontinued.

(3) Ensure that enclosures 1 and 2 are available on the HRO website.

(4) Create and maintain on the HRO website a log that employees can download to document their physical activity.

(5) Maintain a file of all program requests, cancellations, and suspensions for a period of three years.

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b. Managers/Supervisors (or Cost Center Designee)

- (1) Balance support of the employee's participation with the efficient and effective operations of the work center.
- (2) Approve each request to enroll in the program before allowing the employee to participate.
- (3) Approve a request for no more than one fiscal quarter at a time.
- (4) Certify time and attendance records which accurately record employee participation in the program.
- (5) State in writing in the comments section of enclosure (1), based on mission requirements, employee misconduct, or performance deficiencies, the justification for disapproving an employee's enrollment in the program.
- (6) Forward copies of all signed requests to the HRO Work/Life Programs representative within five work days of the initial request.
- (7) Notify the employee in writing via memorandum or email, based on mission requirements, employee misconduct, or performance deficiencies, the justification for the cancellation or suspension of two weeks or more of an employee's enrollment in the program. Forward a copy of the notification to the HRO Work/Life Programs representative within five work days.

c. Employees

- (1) Employees who routinely exercise and are not aware of any medical reasons prohibiting their participation in the program shall submit USNA 6100/1, enclosure (1), to their supervisor.
- (2) Employees who do not routinely exercise should use USNA 6100/2, enclosure (2), as a guide to determine whether they should consult with a physician regarding their intent to participate in the physical fitness program. This form is for personal use and shall not be submitted to the supervisor or HRO.
- (3) Employees should exercise in the proximity of the Naval Academy.
- (4) Report to work before and after going to exercise, if required by the supervisor.
- (5) Immediately report any injuries incurred while engaged in the program to your supervisor.
- (6) Accurately attest to program participation via bi-weekly time and attendance submissions.

7. Authorized Physical Activities. Authorized activities shall directly relate to the four physical fitness activities identified by the President's Council on Fitness, Sports, and Nutrition listed below:

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(1) Aerobic. Aerobic activities require moderate physical effort and include but are not limited to: brisk walking, jogging, running, cycling, rope jumping, rowing, swimming, step and other aerobic classes, and continuous action games.

(2) Muscle Strengthening. Strengthening activities work all the major muscle groups - legs, hips, back, chest, stomach, shoulders, and arms. These activities include, but are not limited to: lifting weights, push-ups, sit-ups, and working with resistance bands.

(3) Bone Strengthening. Bone-strengthening activities produce a force on the bones that promotes bone growth and strength. This force is commonly produced by impact with the ground. Bone-strengthening activities can also be aerobic and muscle-strengthening like running, jumping rope, basketball, and tennis.

(4) Balance and Stretching. These activities could include yoga, Tai Chi, and stretching classes.



S. S. VAHSEN
By direction

Distribution:
All Non Mids (electronically)

**USNA CIVILIAN FITNESS PROGRAM (CFP)
REQUEST FOR APPROVAL OF EXCUSED TIME AND
MEMORANDUM OF UNDERSTANDING FOR PHYSICAL FITNESS ACTIVITIES**

I request approval of excused time, not to exceed 3 hours per week, for the sole purpose of participating in physical fitness activities. I understand and agree to the following:

1. My participation is contingent on the approval of my first level supervisor or cost center designee.
2. My participation in the program may be suspended at any time due to the workload demands, failure to comply with any requirement or restriction of the program, irregular or erratic attendance, and/or misconduct or poor job performance.
3. This program does not create any substantive rights to future participation in this or similar programs.
4. Compensatory time and overtime may not normally be approved or earned on days when use of duty time is approved under this program.
5. I must record my excused time used for physical fitness on my time sheet or in SLDCADA as "LN/Administrative Leave" with a comment in the note section stating "CFP".
6. I may use up to 59 minutes of excused time in any one day for physical fitness activities (not to exceed three hours a week). I may request to use the exercise period in conjunction with the meal period with the total time not to exceed the authorized meal period plus the exercise period. The time includes: travel to and from the exercise site, exercise, and personal hygiene. Any unused time may not be banked for future use.
7. If I am a part-time employee, my maximum weekly excused time will be prorated to less than three hours a week and my supervisor shall note what that total weekly amount is in the comments below as well as correct the daily mins/day amount in the designated section.
8. I must report to work before going to the exercise site and I must report back to work after completion if required by my supervisor.
9. I will immediately notify my supervisor if my ability to participate becomes limited in any way.
10. I will immediately notify my supervisor if I am injured while participating in this program.
11. I certify and reasonably believe that I am physically able to participate in all of the activities in which I will take part. I do not suffer from any physical condition that might preclude my participation in any of these activities, and I am not under any treatment for any ailment which may be aggravated by my participation in any of these activities.
12. I am responsible for my activities while exercising and understand the potential danger of overexertion. I recognize that I am responsible for the knowledge of my own state of health.

REQUESTOR

Printed Name

Signature

Date

Period of Request (Select only one)

Jan-Mar

Apr-Jun

Jul-Sep

Oct-Dec

Year

Days Participating

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Start
Time

End
Time

1-3 days/week (59 mins/day)

4 days/week (45 mins/day)

5 days/week (36 mins/day)

Activity/Activities Participating in

Location/s of Participation

FIRST LEVEL SUPERVISOR

Approved

Disapproved

(Forward copy of request to HRO)

Comments

Printed Name

Signature

Date

**USNA CIVILIAN FITNESS PROGRAM (CFP)
MEDICAL SELF ASSESSMENT
(For Personal Use Only)**

1. Have you ever had a definite or suspected heart attack or stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had coronary bypass surgery or any other type of heart surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have any other cardiovascular or pulmonary (lung) disease (other than asthma, allergies, or mitral valve prolapse)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have any current history of diabetes, thyroid, kidney, or liver disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been told by a health professional that you had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you currently have pain or discomfort in the chest or surrounding areas that occurs when you engage in physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you currently have shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you currently have unexplained dizziness or fainting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you currently have difficulty breathing at night except in an upright position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you currently have swelling of the ankles (recurrent and unrelated to injury)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you currently have heart palpitations (persistent irregularity or racing of the heart)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you currently have pain in the legs that causes you to stop walking (claudication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you have a known heart murmur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Within the past 12 months has a health professional told you that your blood cholesterol or lipid profile was abnormal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Is your blood pressure high (systolic (top) > 160 or diastolic (bottom) > 90)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have fasting blood glucose greater or equal to 140 mg/dl?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are you pregnant or is it likely that you could be pregnant at the present time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Are you currently under any treatment for any blood clots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do you have problem with bones, joints, or muscles that may be aggravated with exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do you have any back/neck problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Have you had surgery or been diagnosed with any disease in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you been told by a health professional that you should not exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Are there any conditions (mitral valve prolapse, epilepsy, history of rheumatic fever, asthma, cancer, anemia, hepatitis. etc.) that may hinder your ability to exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. During the past 6 months, have you experienced any unexplained weight loss or gain (greater than ten pounds)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This form is for your own personal use only and shall not be turned in to management or the Human Resources Office.

If you answered "YES" to any of the above questions, you may want to seek medical advice from your health care provider before you participate in physical fitness activities.