

REQUEST FOR APPROVAL OF ADMINISTRATIVE LEAVE
FOR CIVILIAN FITNESS ACTIVITIES

EMPLOYEE:

I, _____, request approval of administrative leave not to exceed 1 hour per day or not to exceed 3 days per week, for the sole purpose of participating in civilian wellness/fitness activities.

I understand (employee must initial each line):

____ I should participate in civilian fitness activities using installation facilities (if available) during any period of administrative leave for such activities.

____ I certify that, to the best of my knowledge, I have no medical conditions or limitations that would put me at risk of injury or risk of harm to my health if I participate in the fitness/wellness program.

____ My participation is subject to supervisory scheduling and approval. I understand that periods of participation for short periods of time may be disallowed by my supervisor or designated management official during workload surges to include periods of mandatory overtime.

____ I must provide timekeeper and/or supervisor with information necessary to appropriately code timesheets for administrative leave ("LN") along with remark "Wellness/Fitness Program."

____ In order to enhance mission effectiveness, I must make every effort to improve my health and well-being during any period of administrative leave for the purpose of civilian fitness.

____ Should my ability to participate in civilian wellness/fitness activities become limited in any manner; I will notify my supervisor immediately.

Projected Times for Exercise: From _____ To _____

Location:

Nature of the Fitness Activities:

Employee's Signature Date

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FIRST LEVEL SUPERVISOR:

Administrative Leave is:

_____ Approved _____ Disapproved

Supervisor's Signature Date