



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
JOINT FORCES HEADQUARTERS – ALASKA  
HUMAN RESOURCES OFFICE  
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AKNG-HRO

21 June 2011

MEMORANDUM FOR ALASKA NATIONAL GUARD EMPLOYEES AND SUPERVISORS

SUBJECT: Alaska National Guard Voluntary Physical Fitness Program for all AGR and Federal Full Time Employees (HRO Policy Letter 11-01)

1. Purpose. This policy letter outlines the formal Alaska National Guard Voluntary Physical Fitness Program for AGR and Federal Employees. This policy establishes guidelines for the Voluntary Physical Fitness Program and permits the use of official time with supervisor's consent.

a. It's a recognized fact that physically fit employees are healthier, happier, and more productive. The vast majority of our fulltime work force must pass physical fitness requirements to maintain military membership. As a direct result, our Adjutant General encourages and supports your participation in this voluntary physical fitness program.

2. Procedures. The following guidelines are established for use of official time for physical fitness exercise for full time employees of the Alaska National Guard:

a. Supervisors and program participants are expected to maintain both a continuity of work and control of the program. Participants are reminded that their participation will be managed around the workload. All sections will remain operational during the duty hours. Compensation time is not authorized to participate in the Voluntary Physical Fitness Program. Voluntary group PT is allowed within the purview of this policy.

b. Participants should become educated in health and physical limitations of the body before starting a new program. Those not presently participating in physical fitness programs should consult with a physician to obtain advice on a fitness program that will meet personal goals and physical abilities. No one will be required to participate involuntarily, nor will reprisals be taken for non-participation.

c. **Dual status Technicians** and **AGR** personnel must have a valid, current, passing Army/Air Physical Fitness Test in order to participate in this program. Members with a less than a satisfactory score may participate in a supervised or official Fitness Improvement Plan during duty hours with the Air Wing Commander's, Army or Air Chief of Staff's approval (documented and on file). **Non-Dual Status Technicians** need to be cleared by their physician prior to starting the program (documented and on file). If any employee is on a profile a medical certificate must be provided indicating PT activities which can be performed (kept on file).

d. Approved physical fitness exercise programs should encompass a variety of cardio, respiratory and strength training activities. Activities may include fast walking, jogging, running, swimming, cross country skiing, utilizing professional workout equipment to improve cardiovascular conditioning, bicycle riding and other aerobic-type exercises, in addition to weight training.

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e. Programs such as basketball, volleyball and other competitive sports will not be permitted due to the high incidence of injury related to these activities. Other sports such as archery, bowling and golfing do not fit within the purpose of this PT program but may fit within a team building or unit function separate from the PT program.

f. No more than four hours of official time per week may be used for this program. Official time may be used in 1 to 1 1/2 hour increments, with only one increment per day allowed. The Physical Fitness time may be used in conjunction with lunch but not for break periods. Time for physical fitness exercise must be coordinated with the immediate supervisor to ensure minimum interference with assigned work duties.

g. The changing of clothes, showers, clean up and/or travel times are included as official time and no additional time will be allowed for these activities.

h. **The Statement of Understanding and Liability** (attachment 1) must be signed and dated by the employee. The supervisor will file the statement in the employees' personnel folder and forward a copy to the Human Resource Office (HRO) to be placed in the Official Personnel Folder (OPF).

i. Employees who participate in this program must use a **sign out/sign in roster** (attachment 2). Supervisors will maintain sign out/sign in rosters for each employee. The sign out/sign in roster is a tracking tool for program monitoring and becomes a source document when reviewing any Office of Workers Compensation Program (OWCP) claims. Employees authorized to participate in the Physical Fitness Program at the end or at the beginning of his/her duty day need only to sign out or sign in, respectively, since official PT time ends and begins with the official regularly scheduled duty end or start time.

3. The Adjutant General retains the authority to modify or cancel the program. The use of the Physical Fitness Program during duty hours is a **privilege**, not a right. Abusers of the program will have the privilege revoked and/or be disciplined. If there is a pattern of injuries regarding an employee's participation in the program, the employee will have their privilege denied.

4. The Federal Compensation Act (FECA) typically applies to technicians who may be injured when engaging in exercise during the duty day (within employees scheduled duty hours), on or off station, and during travel to and from their exercise location. Eligibility is based on adhering to the prescribed procedures within this policy letter.

5. Questions regarding this program may be directed to the HRO at 428-6451.

FOR THE ADJUTANT GENERAL:



EDITH M. GRUNWALD, Col, AKANG  
Director, Human Resource Office

2 Attachments

1. Statement of Understanding
2. Sign In/Out Roster

**ALASKA NATIONAL GUARD VOLUNTARY FULL-TIME EMPLOYEE  
PHYSICAL FITNESS PROGRAM  
STATEMENT OF UNDERSTANDING AND LIABILITY**

\_\_\_\_\_, acknowledge and agree that:

(EMPLOYEE'S NAME AND THE LAST FOUR OF THE SSAN)

1. I may voluntarily take part in a physical fitness program during duty hours for a maximum of four (4) hours per week in 1 to 1½ hour increments.
2. This program is generally unsupervised. I am under no Alaska National Guard obligation or duty to become involved. If I received a less than passing score on my PT test, I must gain written approval from the Air/Wing Commander or the Air or Army Chief of Staff (as appropriate) to participate in a supervised or official Fit Improvement Plan.
3. It is recommended that I consult with a physician prior to engaging in this program. If I am a non-dual status service technician, I understand it is mandatory to provide a physician statement to my supervisor.
4. Should I incur injury or death as a result of my participation in this voluntary physical fitness program, I may be covered under the Federal Employees' Compensation Act if injury occurs within my normally scheduled duty hours and I am in full compliance with the program guidance. This only applies to Technicians.
5. I understand I will begin and end my exercise period within the time allowed. This time period includes all time used for changing clothes, travel to and from the exercise site, actual exercising and showering.
6. My immediate supervisor, in consideration of mission requirements, must approve time and locations for exercise. I must sign out from the work site, designating time of departure and the location at which the fitness program will be conducted. If I am a Technician, I understand if I am authorized to participate in the Physical Fitness Program at the end of my duty day, I will not be covered by OWCP once my **normal** official duty hours end. If I am a Technician and if I am authorized to participate at the start of my duty day, I will not be covered by OWCP until my **normal** official duty day starts and I must sign in or out with the same information mentioned above.
7. I understand if I am on a medical profile I will not be allowed to participate in this program, except for conditions outlined in the Physical Fitness Policy.
8. If I abuse the program, I may have my exercise privilege revoked and/or be subject to have disciplinary action taken.
9. I understand the establishment of this program and the continuation of it will not and cannot be constructed as establishing a past practice or a condition of employment.
10. A signed copy of this statement will be kept on file by my immediate supervisor with a copy furnished to HRO.
11. This program may be terminated by the Adjutant General, or for specific individuals as determined by the AG, the Air Commander, Air or Army of Chief of Staff.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

