



ALASKA NATIONAL GUARD INSTRUCTION

NGAH-HRO
DISTRIBUTION: TA

AKNGI 1716.03
29 March 2016

VOLUNTARY PHYSICAL FITNESS PROGRAM

References: See Enclosure F.

1. Purpose. This instruction establishes policy and guidance for the Alaska National Guard (AKNG) Voluntary Physical Fitness Program (PFP) for Title 32 Active Guard Reserve (AGR), Non-Dual Status (NDS) and Dual Status (DS) technician. The PFP promotes the maintenance of individual health for readiness, and permits the use of official time, with supervisor's consent.
2. Supersedes/ Cancels. Alaska National Guard Voluntary Physical Fitness Program for all AGR and Federal Full Time Employees (HRO Policy Letter 11-01).
3. Applicability. This instruction applies to Active Guard Reserve (AGR), Non-Dual Status (NDS) and Dual Status (DS) technicians.
4. Policy. It is AKNG policy to:
 - a. Encourage individuals to achieve optimal health and fitness in an injury-reduced environment.
 - b. Permit the voluntary use of official time of short duration to participate in the PFP as approved by commanders and supervisors given the demands of operational readiness. Use of official time within the purview of this policy is an excused absence.
 - c. Participation in the PFP is a privilege. Abusers of the program will be disciplined and/or have the privilege revoked. If there is a pattern of injury regarding an employee's participation in the program, the employee will have their privilege denied.
 - d. Allow up to 90 minutes of official time, up to five days per workweek with supervisory approval.
 - e. Prohibits accumulation of unused time for future use.

f. Designate time for physical fitness, personal hygiene, and travel to and from exercise facilities. Physical fitness activities performed outside of the scheduled workday do not entitle employees to delayed reporting or early release.

5. Responsibilities.

a. Supervisors. Supervisors are responsible for preparing work schedules that allow employees to participate in a PFP, upon request. Supervisors will maintain the productivity of the work center and ensure that mission requirements are accomplished.

i. Supervisors may reschedule or cancel PFP times due to operational requirements.

ii. Supervisors will implement written guidance to maintain accountability of employees and military members for the proper tracking and reporting of personnel utilizing PFP (see Enclosure 1 Work and PT Schedule Change Form).

iii. Supervisors must report and document injuries (see Enclosure 3, OWCP).

iv. Supervisors will establish additional guidelines specifying PFP schedule (days and times), and identifying approved fitness locations that accommodates work center productivity and operational readiness.

b. Employees. Employees will comply with this instruction and their Supervisor's policy for tracking and reporting use of the PFP.

i. Will submit a request to their supervisors to participate in PFP.

ii. Are obligated to inform their supervisory chain of command of any injury, physical limitation, or military profile that could affect the ability to participate in voluntary PFP. Supervisors may request Non-Dual Status technicians and other federal civilian employees provide documentation indicating physician approval on AKNGI Form 1703-A. This form does not request employee's nondisclosed disability or medical information, but is to confirm the employee's ability to participate safely in PFP.

6. Procedures. The following guidelines are established for use of official time for physical fitness exercise:

a. Supervisors and participating employees must maintain both a continuity of work and control of the program. Manage participation around the workload requirements to ensure that all sections remain operational

during duty hours. Supervisors may not authorize use or accumulation of compensatory time for participation in the PFP.

b. Participating employees 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. Employee participation in PFP is strictly voluntary, and supervisors will not take adverse action or reprisal against any employee for non-participation. Participating employees must provide information regarding military medical profiles or documentation of physician clearance to your supervisory chain for approval to participate.

i. When using or disclosing personal health information (PHI) or when requesting PHI to the fullest extent possible, requests will be limited to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. In accordance with Health Insurance Portability and Accountability Act (HIPAA), the minimum necessary requires a specific reason for requesting PHI; disclosure should be limited to that PHI needed for the specific purpose; and use should be limited to the minimum necessary to perform your job. Supervisors will not request diagnosis or treatment information in conjunction with this policy.

ii. Dual Status technicians and AGR personnel must have a valid, current, passing Army Physical Fitness Test or Air Force Physical Fitness Assessment, and Periodic Health Assessment to participate in this program. Members with a less than Satisfactory score may participate in a supervised or official Fitness Improvement Plan during duty hours with the Unit Commander or supervisory chain's written approval (documented and on file with your supervisor).

iii. Non-Dual Status technicians need to be cleared by their physician with a AKNGI Form 1703 stating that the employee may safely participate in the PFP, prior to starting this program.

iv. Supervisors will maintain medical documentation and/or physician clearance forms in a separate file from the employees personnel file in accordance with HIPAA and Privacy Act of 1974.

c. Authorized PFP activities may include individual or group physical exercise, e.g. walking, jogging, aerobic exercise, bicycling, swimming, cross-country skiing. Other activities may include use of professional workout equipment to improve cardiovascular conditioning, bicycle riding, and other aerobic type exercises, in addition to weight training. Within the purview of this policy, participants may conduct voluntary group physical fitness.

d. Prohibited PFP activities include those activities that have a high incidence of injury such as, basketball, volleyball, ultimate Frisbee, softball, other competitive sports that keep score, and contact sports like football.

i. Dual Status technicians and AGRs are obligated to inform their supervisory chain of command of any physical limitation that could affect the ability to participate safely in the voluntary PFP. In case of an injury, after receiving appropriate medical attention, the employee must report the injury to his or her supervisor.

ii. If a participating employee has a military profile or prescribed physical limitation for physical activity, they must provide a copy to the supervisor prior to participate in PFP. This documentation must remain on file as long as the limitations are in place. Dual status Technicians must obtain valid profiles from military provider IAW service regulations Army Regulation (AR) 40-501 Standards of Medical Fitness, and Air Force Instruction (AFI) 48-123, Medical Examinations and Standards.

iii. If an injury occurs all employees must immediately inform the supervisory chain of command. If the injury occurs while in a technician status, the employee will electronically file an Office of Worker' Compensation Program (OWCP) claim at <https://www.ecomp.dol.gov>. If the injury occurs while in an AGR or military status, follow the Line of duty (LOD) process in accordance with service regulations.

e. Supervisors may authorize official time in increments of up to 90 minutes, five days per workweek, with only one increment per day allowed. The immediate supervisor must approve the time and location for physical fitness exercise to ensure minimum interference with assigned work duties.

f. The physical fitness program does not allot additional time for changing clothes, hygiene, and/or travel. The time allotted for participating in PFP during official time includes fitness and the aforementioned functions.

g. For the protection of both the employee and the Alaska National Guard, both the employee and the supervisor/commander must sign a Statement of Understanding and Liability (Enclosure B). This ensures mutual understanding of the rights and expectations of both management and the employees. The supervisor will file the statement in the employee's personnel folder and forward a copy to the Human Resource Office (HRO) for filing in their Electronic Official Personnel Folder (eOPF).

h. Employees who participate in this program regardless of the scheduled times or days must follow the supervisor's established tracking and reporting procedures (an example of tracking procedures is in Enclosure C). Supervisors will maintain record of their tracking and reporting documentation for each

employee. The tracking and reporting procedures is a tool for accountability, monitoring and reviewing any injury claims.

7. The Adjutant General retains the authority to modify or cancel the program. The use of official time for physical fitness is a privilege available as an incentive for the full-time workforce in maintaining a level of physical fitness that will contribute to successful accomplishment of the physical fitness standards and overall physical wellbeing of full-time personnel.

8. This program does not establish or continue a past practice or condition of employment.

9. Direct questions regarding this program to the HRO at (907) 428-6578.



KIMBERELY DeROUEN SLAVEN
Colonel, LG, AKNG
Director, Manpower and Personnel

Enclosures:

- A – Work and Physical Fitness Schedule Form
- B – Statement of Understanding
- C – Example Tracking and Reporting Form
- D – Office of Workers Compensation Program Information
- E – Physician Statement / Certification

Privacy Act Statement

Sections 293, and 552a of Title 5 U.S. Code, and Executive Orders 12107 and 13266 This record is requested and will be maintained to support the approval action for participation in the AKNG Voluntary Physical Fitness Program and will be available to agency officials having a need for the information. This information will not be disclosed outside of the Alaska National Guard (AKNG) except as allowed under AKNG Routine Uses. Disclosure is voluntary, however, failure to provide the requested information may result in an employee not being approved for participation in the AKNG Voluntary Physical Fitness Program.

ENCLOSURE A

WORK AND PHYSICAL FITNESS (PF) SCHEDULE FORM								
WORK HOURS:					PT HOURS:			
NAME:					WORK SCHEDULE CODE: _____			
					<small>6 - 8/9/8's, 8 - 4/10s, 0 - 5/8's</small>			
EFFECTIVE DATE: _____					T&A STATUS CODE: _____			
<small>*First sunday of Pay Period effective</small>					<small>A-Active, P-Pending Separation, or X-deceased</small>			
***** PAY PERIOD TOUR OF DUTY *****								
	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN PAY
WEEK 1								
REG HRS								
PT HRS								
	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN PAY
WEEK 2								
REG HRS								
PT HRS								
	-	-	-	-	-	-	-	-
Please enter the # of hours scheduled to work under REG HRS. Please enter the # of PF hours requested under the appropriate day and week. PF must be approved.								
	-	-	-	-	-	-	-	-
UNIT:					CITY:			

ENCLOSURE B

VOLUNTARY PHYSICAL FITNESS PROGRAM
STATEMENT OF UNDERSTANDING AND LIABILITY

_____, acknowledge and agree that:

(NAME AND THE LAST FOUR OF THE SSAN)

1. I may voluntarily take part in a physical fitness program during duty hours for up to 90 minutes, 5 days a week, as approved by my supervisory chain.
2. This program is generally unsupervised, and voluntary. I am under no Alaska National Guard obligation or duty to participate.
3. In the interest of safety, it may be reasonable to consult with a physician prior to participating in this program. I understand that I may be required to provide documentation of physician clearance (at my own expense) or military profile to participate in the Physical Fitness Program.
4. Should I incur an injury or death due to my participation in this voluntary physical fitness program, as a federal civilian employee I may receive coverage under the Federal Employees' Compensation Act (FECA) if the injury occurs within my normally scheduled duty hours and I am in full compliance with the program guidance. I understand that if I am AGR any injury or death will follow the military Line of Duty procedures.
5. I understand that I will begin and end my exercise period within the time period allowed; there is no provision for accumulation of time for use later. This period includes all time used for personal hygiene, travel to and from the exercise site, and actual exercise.
6. My immediate supervisor, in consideration of mission requirements, must approve time and locations for exercise. I must follow my supervisor's procedures for tracking and reporting my participation (i.e., sign in or out) from the work site, designating time of departure, and the location for conducting physical fitness. I understand that OWCP coverage terminates once my official duty hours end (e.g., when participating in PFP at the end of my duty day).
7. I understand if I am on a military medical profile or my physician does not state that I am clear to participate, my supervisory chain will not approve my participation in this program, except in accordance with the provisions outlined in the Physical Fitness Policy.
8. If I abuse the program, I may be subject to disciplinary action and/or have my exercise privileges revoked.

9. I understand the establishment of this program and the continuation of it does not and will not construe establishment of a past practice or a condition of employment.

10. My immediate supervisor will keep a signed copy of this statement on file with a copy furnished to HRO.

11. The Adjutant General may terminate this program at any time, or for specific individuals as determined by TAG, and supervisory chain.

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

ENCLOSURE D

OFFICE OF WORKERS COMPENSATION PROGRAM

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

Federal Employees' Workers Compensation Officials have ruled that, in the event of a civil service employee's injury or death occurring while participating in the physical fitness program, participation in the fitness program is possibly a part of the employment requirement if the employee complied with the established guidelines.

Technicians participating in activities other than those approved in the Voluntary Physical Fitness Program policy acknowledge that injuries may not fit within the coverage of Worker's Compensation (Federal Employees Compensation Act). Employees must immediately report to the supervisor any injury incurred during the duty hours or that may impede the employees work performance. Technicians must also complete and forward a Form CA-1 through the website <https://www.ecomp.dol.gov>, or go to www.dmva.alaska.gov/HRO or contact HRO (907-428-6578).

ENCLOSURE E

PHYSICIAN STATEMENT/ CERTIFICATION (AKNGI FORM 1703-A)

I certify that _____, has received a physical fitness assessment and is able to participate in an (circle one) UNRESTRICTED / RESTRICTED physical fitness program. Any restrictions pertaining to physical activities (e.g., walking, jogging, aerobic exercise, bicycling, swimming, cross- country skiing, weight lifting are document) are documented below.

EMPLOYEE RESTRICTIONS:

Physician's Signature

Date

Phone Number:

(This portion to be completed by Alaska National Guard Supervisory Chain).

SUPERVISOR (immediate):

Excused absence RECOMMENDED / NOT RECOMMENDED (circle one)

Supervisor's Signature

Date

SECOND-LEVEL SUPERVISOR:

Excused absence RECOMMENDED / NOT RECOMMENDED (circle one)

Supervisor's Signature

Date

Disposition, original (approved/disapproved): Supervisory Record with doctor's statement.

ENCLOSURE F

REFERENCES

1. Executive Order 13266, Activities to Promote Personal Fitness, June 2002.
2. Department of Defense Directive (DoDD) 1010.10, Health Promotion and Disease/Injury Prevention, 22 August 2003.
3. Department of Defense Instruction (DoDI) 1308.3, DoD Physical Fitness and Body Fat Programs Procedures, 5 November 2002.
4. The Memorandum, NGB-J1-TN subject: Assignment of Military Training Duties to Title 32 National Guard Technicians (TN-12-08), 13 March 2012.
5. Title 5 United States Code (U.S.C.) § 7901, Health Service Programs, 7 January 2011.
6. Technician Personnel Regulation (TPR) 400, The Technician Human Resources Development Program, September 2007.
7. National Guard Regulation (AR) 600-5 The Active Guard Reserve (AGR) Program Title 32, Full Time National Guard Duty (FTNGD) Management, September 2015.
8. Air National Guard Instruction (ANGI) 36-101, The Active Guard/Reserve Program, 3 May 2002.
9. Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, 110 Stat. 1936, August 21, 1996.