



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
JOINT FORCES HEADQUARTERS KANSAS
2800 SOUTHWEST TOPEKA BOULEVARD
TOPEKA, KS 66611-1287

1 October 2007

MEMORANDUM FOR All Federal Full-Time Employees of the Kansas National Guard

FROM: JFHQKS-HRO

SUBJECT: Federal Full-time Employees Use of Official Time for Physical Fitness, Policy Letter #4

1. This letter supersedes TAG Letter, dated 25 February 2004, subject same as above. The goal of the physical fitness program is to provide an opportunity for all full-time employees to participate in a program which will result in a healthier, happier and more physically fit workforce. Participation in this program should reduce the use of sick leave and increase individual productivity. This program is intended to supplement each individual's personal fitness program.

2. Participation is voluntary and must be approved by the member's supervisor. No supervisor will require involuntary participation, nor may reprisals be taken for participation or non-participation. However, employee violation of this policy may cause the privilege to be revoked. The mission of the Kansas National Guard continues to have priority over the exercise schedules. Supervisors may temporarily suspend exercise schedules to accommodate any conflicting mission requirements.

3. Typical programs which are aerobic in nature and will achieve the desired results include:

a. A jogging, swimming, fast-paced walking, or in-line skating program. Protective equipment consisting of bicycle helmets, wrist guards, elbow and kneepads must be worn when participating in an in-line skating program.

b. A fitness center type program, using free weights, weight machines, treadmills, exercise bicycles and other gym equipment.

c. A bicycling program which is not casual riding except at the beginning of a total fitness program. Bicycle helmets will be worn.

d. A calisthenics program which helps improve body strength, durability, cardiovascular health, and respiration.

e. Organized sports programs are as follows:

- (1) Tennis
- (2) Racquetball
- (3) Basketball
- (4) Volleyball

4. Activities not approved for official time include:

a. Golf (not an aerobic sport)

b. Bowling (not an aerobic sport)

c. High contact activities

d. League or intramural team sports (not consistently an aerobic activity)

5. Program guidelines are as follows:

a. The maximum amount of time allocated for physical fitness will not exceed three one-hour periods per week.

b. All personnel participating in the physical fitness program will sign out at the beginning and sign in at the end of the fitness period. The enclosed sign out sheet will be maintained at the participants or supervisors work site for a period of two years.

c. The one hour period includes time for cool down, clean up and clothes changing.

d. Break or periods of on-duty time to consume lunch may not be combined with the fitness times to provide longer periods.

e. All programs will begin and end at the participants work site. Exceptions to this rule may be requested by the individual through their immediate supervisor to HRO for approval. The request for exception to use an off-site facility must include the fitness center name, address and a point of contact. The request must also state how the facility will maintain a log of time spent and will be able to produce the log at the request of the agency.

f. Participants will read and sign the enclosed acknowledgement statement. The supervisor must sign the statement approving the authorized exercise time. The supervisor will maintain the signed statement in the employees supervisory work folder.

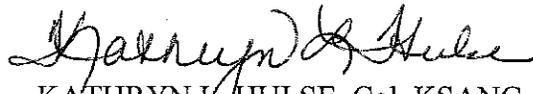
6. Compliance with this policy is mandatory to ensure coverage under the workers compensation program. Non-compliance with this policy may affect an employee's claim in the case of an injury. Injuries, which occur during non-duty time, to include lunch periods, may not be covered by workers compensation.

7. Supervisors will monitor the employee's compliance with this policy. Abusers of this privilege will be subject to disciplinary/adverse action and have their privilege revoked. Supervisors who do not enforce the requirements in this policy are also subject to disciplinary or adverse action. Supervisors may require an employee with a known or suspected injury to provide medical certification prior to continued participation in the program.

8. The HRO is appointed the Office of Primary Responsibility for this program. Any requests for exceptions to this policy will be sent to the Human Resources Officer.

9. The Adjutant General reserves the right to modify, amend, or terminate the program at anytime.

FOR THE ADJUTANT GENERAL:


KATHRYN L. HULSE, Col, KSANG
Human Resources Officer

2 Encl's:

1. Acknowledgement Statement
2. Sign in/out sheet

DISTRIBUTION:

All Full-time Federal Employees

**KANSAS NATIONAL GUARD
FULL-TIME WORKFORCE FITNESS PROGRAM
ACKNOWLEDGEMENT STATEMENT**

I acknowledge and agree that:

a. I may voluntarily take part in a physical fitness program as outlined in TAG Policy Letter, Subject: Federal Full-time Employees Use of Official Time for Physical Fitness, dated 1 October 2007, during duty hours for a maximum of three one hour periods per week.

b. My participation in this program may be unsupervised; I am under no obligation or duty to participate.

c. I will conduct my exercise program within a reasonable vicinity (as determined by my supervisor/commander as appropriate) of my work site. I will begin and end my participation at my work site, unless other arrangements have been approved. I will sign out and sign in each period and understand that I am subject to recall to the work site at any time.

d. Times for participation and locations for my participation must be approved by my supervisor/commander as appropriate in consideration of mission requirements.

e. If I abuse this program, I will be subject to disciplinary/adverse action and may have my privilege revoked.

f. I understand the establishment of this program and any decision to terminate this program is a decision that rests with The Adjutant General.

g. A signed copy of this acknowledgement will be kept on file by my supervisor/commander.

h. My scheduled physical fitness training time is from _____ hrs to _____ hrs, on the following days of the week: _____, _____, _____.

(Date)

(Employee Signature)

(Supervisor/Commander)

(Job Title & Work Site)

