



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 12000.8
HRO

JAN 12 2010

COMBAT CENTER ORDER 12000.8

From: Commanding General
To: Distribution List

Subj: Civilian Fitness Program (CFP)

Ref: (a) DoD Directive 1010.10 of 22 Aug 03
(b) DoN Civilian Human Resources Manual, Work Life Programs,
Subchapter 792.4 (NOTAL)
(c) OPNAVINST 6100.2A
(d) MCO P1700.29

Encl: (1) CFP Voluntary Waiver for Participation and
Consent Form
(2) Civilian Employee Fitness Program Record Sheet
(3) Fitness Education Assessment

1. Situation. The Office of Personnel Management and the United States Marine Corps have recognized that health promotion programs and a consistent exercise regimen significantly reduce health risks in employees. Participants in fitness and lifestyle programs typically report improved energy levels, job attitude, work performance, and overall morale. These are all critical factors in enhancing productivity.

2. Mission. Establish a continuous health and fitness program based on guidance from the Department of the Navy (DoN) for all civil service personnel assigned to Marine Air Ground Task Force Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC). This program will be implemented consistent with the provisions of the references. This program is to promote improvement of physical health of participating individuals and to benefit this command through improved readiness and productivity from a healthy workforce. The goal of participation in this program is to encourage employees to pursue health and wellness activities on their own time and adopt personal goals and activities that contribute to a healthy lifestyle.

3. Execution

a. General

(1) Civilian employees may be excused from duty without charge of leave to participate in this command fitness program (CFP). Supervisors may approve excused absences of no more than three hours per employee, per week to participate in this program. Time cannot be accumulated and carried over from week to week, or from day to day. Employees, with the permission of

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their supervisor, may add time to their lunch period to participate in this program. The maximum amount of time for lunch and the fitness program can not exceed 90 minutes. Participation in this fitness program is a privilege and can be withdrawn at any time the supervisor deems necessary and appropriate.

(2) Excused absences for this purpose cannot interfere with or impede the progress of the command or activity's mission.

(3) The program will be conducted using one or more of the following approved activities: running, walking, swimming, weight training, aerobics, biking, stress reduction/relaxation exercises (yoga, meditation, Tai-chi), an organized team sport, or any other activity as approved by the supervisor and accomplished within the specific timeframe. Any weight training activity shall be restricted to "toning". Power lifting or strenuous lifting will not be authorized as a part of this program. Activities such as golf, bowling, and softball are not considered aerobic activities and therefore are not approved for this program.

(4) Since employees participating in this program are in a duty status, injuries sustained during physical fitness activities may be covered by the Workers' Compensation Program. Employees may only participate in activities that they are physically fit to do and have been approved for by their attending physician. Employees, who are injured while performing activities, not previously authorized or outside of the scope of this directive, may not be covered under the Worker's Compensation Program. For the protection of both the employee and the Marine Corps, injuries must be reported promptly to the first-level supervisor even if no medical attention is sought. This protects the employee's entitlements if complications develop later. In the case of injury, the following documentation is required: CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation for Pay/Compensation, CA-16, Authorization for Examination and/or Treatment (only if medical treatment is required), and other penitent forms or documents.

(5) This program may be terminated at the discretion of unit commanders due to mission requirements. Managers or supervisors may also terminate the program for participating employees due to mission requirements, program compromise, or abuse.

b. Employees

(1) Participation in the CFP is completely voluntary. Each participant must take full responsibility to ensure a medical physician has authorized participation in a fitness program. The employee will provide the fitness education assessment contained in enclosure (3), from their primary care provider or physician at the employee's own expense, stating that physical fitness activities are permitted with or without limiting conditions. Each participating employee shall provide a new fitness education assessment annually and prior to returning to the CFP from any injury, on or off duty.

(2) The fitness program activities must take place at the employee's assigned duty station. The excused time includes any travel to and from the location of the exercise and personal hygiene needs. Each employee desiring to participate must complete enclosures (1) and (3) prior to commencing the program.

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c. Supervisors

(1) Supervisors of employees participating in the CFP will determine and control employee participation and must account for the employee's fitness time. This accounting of time must be recorded by each participant using enclosure (2). Supervisors must code the time card "CFPT" for time participating in the CFP. Supervisors may revoke participation of any employee if any abuses occur. In accordance with appropriate guidance, references, and applicable laws, employees may be disciplined for abusing this program.

(2) Supervisors may grant excused time in increments of 60 minutes or less per absence and may not exceed 3 hours per week or 1 hour per day. Supervisors may allow an employee to participate at the beginning or end of the workday, or in conjunction with the normal lunch period. Employees who elect to exercise at the beginning of the work day must report to work first and those who elect to exercise at the end of the workday must report back to work prior to departing for home. The program may not be used to arrive late for work or depart early. Participation is not allowed on days when overtime, compensatory time, or credit hours are earned (credit hours are earned after the first 80 hours of the pay period have been accounted).

(3) Supervisors must provide a copy of enclosures (1) and (3) to the Human Resources Office, for each employee, prior to commencing the program.

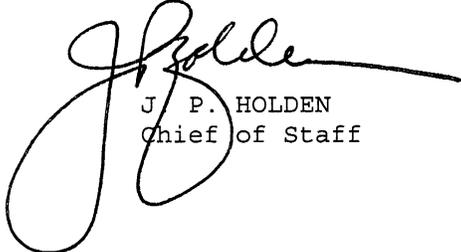
(4) Original copies of enclosures (1) through (3) will be maintained in the employee's work folder located with the first-level supervisor.

4. Administration and Logistics. Distribution statement A directives issued by the Commanding General are distributed via email upon request. This Order can be viewed at <http://www.29palms.usmc.mil/dirs/manpower/adj>.

5. Command and Signal

a. Command. This Order is applicable to all commands, organizations, units, and activities under the cognizance of MAGTF/TC, MCA/GCC.

b. Signal. This Order is effective the date signed.



J. P. HOLDEN
Chief of Staff

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CFP Voluntary Waiver for Participation and Consent Form

I, _____
desire to participate voluntarily in the Civilian Fitness Program to attempt to improve my general well being and to become a more productive, energetic, and supportive employee.

I understand that this program:

Is voluntary;

Provides me with an opportunity for exercise and health and wellness information;

Empowers my supervisor to approve my exercise options and hold me accountable to what was agreed upon;

Empowers me to plan, execute, and manage my own exercise options within the imposed constraints below and my job workload. I understand that participation in this program does not provide me the means to arrive late or depart early from my work place.

I also understand that:

Consulting with my physician before beginning any exercise program is mandatory;

The command will grant me excused time not to exceed 3 hours per week to participate in this fitness program. This allotted time will be in conjunction with the lunch period or at the beginning or end of the workday. If I choose to use the beginning of the workday, I understand that I must report to work first. If I choose to use the end of the workday, I understand that I must report back to work prior to departing for the day. Any unused time will not be accumulated. This time includes workout, shower, grooming, and return to the worksite;

The fitness program activities must take place aboard Marine Air Ground Task Force Training Command, Marine Corps Air Ground Combat Center.

My manager or supervisor may also terminate my program participation due to mission requirements, program compromise, or abuse.

I understand if I am injured while participating in this fitness program, I may or may not be covered under Federal Employment Compensation Act.

I will provide a Fitness Education Assessment from my primary care provider or physician, at my own expense, stating that physical fitness activities are permitted with or without limiting conditions. The Fitness Education Assessment is to be provided annually and prior to returning to the CFP from any injury.

I will use enclosure (2) to record my exercise activities and keep that document available for my supervisor.

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I further understand that I must report promptly to my supervisor any problems or constraints associated with my ability to participate in this program. I will work closely with my supervisor to ensure that a full understanding of my exercise options is sustained.

The periods I request to exercise, pending supervisory approval, are as follows: (circle and fill in the times for example Mon-Fri 1200-1230, or Mon, Wed, Fri 1501-1600):

Monday Tuesday Wednesday Thursday Friday

_____ _____ _____ _____ _____
(Fill in scheduled time in the blanks above.)

I have read and understand the entire contents of this consent form and my questions have been answered to my satisfaction.

Signatures:

Employee: _____

Supervisor: _____

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Fitness Education Assessment

Date:

Name of Employee:

This is to certify that the above named employee is medically able to participate in physical fitness activities.

If physical activities are limited, please identify any restrictions:

Physician or Health Care Provider Signature

Physician or Health Care Provider Name & Address

The Physician or Health Care Provider may provide their medical statement as outlined. This assessment must be updated in the event of a change in the employee's health status.