

Acknowledgement of Terms for

NAVAL HOSPITAL 29 PALMS VOLUNTARY PHYSICAL FITNESS PROGRAM

I, _____, understand and agree that:

a. I may voluntarily take part in a fitness program during duty hours for a maximum of 59 minutes per day and no more than 3 hours per week. The time allowed for a fitness program includes the time needed for changing to and from exercise clothing and personal hygiene.

b. On the days that I elect to participate, I understand that this time may be used in conjunction with my lunch break.

c. This program is unsupervised and I am under no obligation or duty to become involved.

d. If unaccustomed to regular exercise, it is recommended that I consult with a physician prior to engaging in this exercise program.

e. I will conduct my exercise program within the nearby facility of the work area and if engaged in jogging, cycling, walking or working out, I will begin and end my program at my work site.

f. Times for exercise must be approved by my immediate supervisor in consideration of mission requirements.

g. A signed copy of this agreement will be kept on file by my supervisor and Director for Resource Management.

h. I understand that any abuse or misuse of this administrative time may result in cancellation of my participation and/or disciplinary action.

(Signature of Employee) (Date)

(Job Title)

(Signature of Immediate Supervisor) (Date)