

# **FACT SHEET EXCUSED ABSENCE FOR PHYSICAL FITNESS ACTIVITIES**

1. Authorized eligible appropriated fund civilian employees of the 19th Airlift Wing to use up to three hours of duty time a week to voluntarily participate in approved physical fitness activities.

2. **ELIGIBILITY:** Employees must meet all of the following conditions:

a. Assigned to the 19th Airlift Wing or one of its subordinate units. This does not include personnel working with 19th Airlift Wing personnel who are “owned” by other units.

b. Paid from appropriated funds. Employees’ pay plans will be NSPS, GS, WG, WL, or WS.

c. On permanent or term (more than one year) appointments.

d. Please contact the Civilian Personnel Office at 987-3212 if you are uncertain of the employee's eligibility or if the employee is not assigned to the 19th Airlift Wing.

3. **APPROVED PHYSICAL FITNESS ACTIVITIES:**

a. Walking, running, bicycle riding, weight training, aerobic classes, swimming, and structured exercises (such as push-ups) are approved activities. Other activities may be approved if they contribute to cardiovascular or aerobic endurance, muscular strength or endurance, flexibility, and body composition. Employees seeking to participate in an activity not specified above must obtain written approval of the activity from personnel of the Health and Wellness Center (HAWC), and provide a copy of the approval to the supervisor.

b. Golfing, bowling, baseball and softball are not authorized activities under this program.

c. Activities involving competition (such as intramural sports) are not authorized activities due to the increased potential for injuries.

4. **USING EXCUSED ABSENCE:**

a. An employee may use up to three hours of excused absence per week for approved physical fitness activities. Time cannot be advanced or banked for use in another week.

b. Excused absence can be used only for participation in approved physical fitness activities and for directly related tasks such as traveling to and from the fitness location, changing clothing, and showering.

c. Excused absence will be granted in blocks no longer than one and a half hours in duration. The minimum block of time is one-quarter of an hour. Only one block may be used each day.

d. An employee may not use excused absence for physical fitness activities if it will contribute to the need for overtime or compensatory time. Instances of excused absence and overtime or compensatory time in the same calendar week will be briefly explained in the remarks section of the employee's time sheet.

## 5. DOCUMENTATION REQUIREMENTS:

a. Each unit commander must issue a civilian physical fitness policy to implement the use of excused absence as mission requirements permit. A sample policy letter follows.

b. Each employee must complete the Request to Use Excused Absence and the Fitness Health Screening Assessment at the end of this document. If an employee answers "Yes" to any question on the Health Screening Assessment, he/she must provide current written approval to participate in fitness activities from a health care professional. Any costs for the health care professional's statement will be borne by the employee.

c. The employee must recertify the Health Screening Assessment and/or provide an updated health care professional's approval once a year or after non-participation in physical fitness activities for more than three months, whichever comes first. Recertification may be indicated on the original form or on a new one.

d. The employee's supervisor must approve the employee's participation in the physical fitness program and approve the scheduling of each period of excused absence. Decisions on participation and scheduling must be based on mission requirements. Such decisions cannot be challenged unless they are arbitrary or capricious. The mission comes first.

e. All excused absences must be recorded on the timesheets using code "LN" and showing the clock hours and the remark "Physical Fitness". Instances of excused absence and overtime or compensatory time in the same week should be briefly explained on the timesheet.

f. Maintaining records of participation: As a minimum, supervisors must file the following documents in the supervisor's work folder on the employee (AF Form 971 file).

- (1) Unit commander's policy letter
- (2) Employee's Request to Used Excused Absence
- (3) Fitness Health Screening Assessment and/or Statement of Health Care Professional

6. Any questions concerning use of excused absence for physical fitness activities should be referred to the Civilian Personnel Office (19 FSS/FSCA) at extension 987-3212.

**REQUEST TO USE EXCUSED ABSENCE (DUTY TIME)  
FOR  
PHYSICAL FITNESS ACTIVITIES**

I hereby request to use excused absence (duty time), not to exceed three (3) hours a week, to participate in physical fitness activities in accordance with the program approved by the Commander, \_\_\_\_\_ (unit), on \_\_\_\_\_.

I understand: (initial each line)

\_\_\_\_\_ My use of excused absence for physical fitness activities is subject to my supervisor's approval. I must schedule each period of excused absence in advance with my supervisor.

\_\_\_\_\_ I must keep my supervisor informed of the times, locations, and types of physical fitness activities I am participating in. I will limit my physical fitness activities to those specified in the program or approved by authorized base medical personnel.

\_\_\_\_\_ If my request is not approved or I cannot be released for physical fitness activities due to mission requirements, I may not challenge the decision unless it is arbitrary or capricious.

\_\_\_\_\_ I must remain on Little Rock AFB or use a facility under contract to Little Rock AFB when I use excused absence for physical fitness activities.

\_\_\_\_\_ I must initial each period of excused absence on my civilian time sheet, noted with the clock hours and code LN along with the remark "Physical Fitness". I understand this is my certification that I used the excused absence in accordance with this request and the policies governing the use of excused absence for physical fitness purposes.

\_\_\_\_\_ I will promptly report to my supervisor any injury that occurs during participation in physical fitness activities under this program and complete any required documentation. I understand I am entitled to use available base medical facilities for this injury.

\_\_\_\_\_ I will notify my supervisor immediately if my ability to participate in physical fitness activities becomes limited in any manner.

\_\_\_\_\_ I will promptly inform my supervisor if my use of excused absence for physical fitness activities is or will interfere with the quality, quantity, or timeliness of my work assignments.

\_\_\_\_\_ I agree to make every effort to improve my health and well being during any period of excused absence to participate in physical fitness activities.

\_\_\_\_\_ I am able to safely participate in physical fitness activities based on the attached physician's written clearance or Fitness Health Screening Assessment.

\_\_\_\_\_  
Employee Name and Signature

\_\_\_\_\_  
Date

**Fitness Health Screening Assessment  
for  
Physical Fitness Activities using Excused Absence**  
(American College of Sports Medicine Standards)

If you answer NO to all questions, sign and date the assessment and provide it to your supervisor with your request to use excused absence for physical fitness activities.

If you answer YES to any of these questions, ask your health care professional for written clearance to begin an exercise program, including a description of any limitation(s) you should observe. Provide the written clearance to your supervisor with your request to use excused absence for physical fitness activities.

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|--|-----|----|
| 1. Has your health care professional ever said that you have a heart condition and that you should only do physical activity recommended by him/her? | YES | NO |
| 2. Do you feel pain in your chest when you do physical activity?   | YES | NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity?   | YES | NO |
| 4. Do you lose your balance because of dizziness or do ever lose consciousness?  | YES | NO |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?   | YES | NO |
| 6. Is your health care professional currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?               | YES | NO |
| 7. Do you know of any other reason why you should not do physical activity?  | YES | NO |

Name: \_\_\_\_\_ Mbr Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Annual Recertification: I certify that my responses above remain unchanged.

Mbr Signature \_\_\_\_\_ Date \_\_\_\_\_ Sup Signature \_\_\_\_\_ Date \_\_\_\_\_

Mbr Signature \_\_\_\_\_ Date \_\_\_\_\_ Sup Signature \_\_\_\_\_ Date \_\_\_\_\_

**SAMPLE COMMANDER’S POLICY LETTER:  
CIVILIAN PHYSICAL FITNESS ACTIVITIES USING EXCUSED ABSENCE**

MEMORANDUM FOR \_(unit) CIVILIAN EMPLOYEES

FROM: unit commander)

SUBJECT: Civilian Employee Use of Excused Absence for Physical Fitness Activities

1. Authorizes eligible appropriated fund civilian employees can use up to three hours of duty time a week to voluntarily participate in approved physical fitness activities.
2. I support the objective of a healthy and fit total workforce and authorize a civilian physical fitness program for (unit) in accordance with the specific overall guidance described in 19 FSS/FSCA Fact Sheet, Excused Absence for Physical Fitness Activities, dated 3 Mar 09.  
**OR**
3. I support the objective of a healthy and fit total workforce and authorize a civilian physical fitness program for as follows:
  - a. Program will follow the specific overall guidance described in 19 FSS/FSCA Fact Sheet, Excused Absence for Physical Fitness Activities, dated \_\_\_\_\_.
  - b. In addition, participating employees of \_\_\_\_\_ will: (Insert any additional conditions, such as buddy system, times of participation, etc. A word of advice: The more flexible the program, the greater the likelihood of employee participation.)
4. Supervisors will monitor the appropriateness of employee’s use of excused absence and record all periods of excused absence on the employee’s timesheet as directed in the Fact Sheet.
5. Contact our Civilian Personnel Office (19 FSS/FSMC) for full information on eligibility and documentation requirements, approved activities and program limitations.

Commander’s signature block