



MARTIN O'MALLEY
GOVERNOR
COMMANDER-IN-CHIEF

STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2288

JAMES A. ADKINS
MAJOR GENERAL
THE ADJUTANT GENERAL

MDNG-AG

3 November 2013

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Maryland National Guard Full-Time Employee Voluntary Physical Fitness Program

1. This policy is applicable to all federal Maryland National Guard full-time employees, which includes dual and non-dual status technicians, Active Guard/Reserve (AGR) Soldiers or Airmen, and Full-Time National Guard Duty (FTNGD) Soldiers or Airmen. The policy authorizes the use of duty time for physical fitness activities.
2. The primary objective of the program is to encourage full-time employees to participate in a physical training program that will promote better health and physical wellness, increase individual productivity, decrease absenteeism, and assist military participants in attaining the fitness and weight standards required by military regulations.
3. Participants are responsible for educating themselves concerning health and physical fitness issues before starting the program. Participants will exercise at their own pace in accordance with their individual fitness plan. Participants should consult with their physician to obtain advice on a fitness program that will meet their personal goals and physical abilities.
4. The use of duty time for physical fitness is a command decision. Whenever the mission will allow it, employees are encouraged to engage in a physical fitness program. Directors, supervisors and program participants are expected to maintain both a continuity of work and control of the program. Participation will be managed around existing or projected work requirements. All sections will remain operational during duty hours. Supervisors will provide each employee the opportunity to participate in a physical fitness program while ensuring continuity of operations. This program must complement, not compete with our mission.

MDNG-AG

SUBJECT: Maryland National Guard Full-Time Employee Voluntary Physical Fitness Program

5. AGR/FTNGD Program

a. AGR/FTNGD supervisors may implement mandatory physical fitness program that exceeds time constraint on paragraph 7a. (i.e. mandatory physical training four days a week).

b. No restriction on AGR/FTNGD Soldiers or Airmen from taking the required Army Physical Fitness Test (APFT) or Air Force Fitness Assessment (AFFA) during duty hours.

6. Federal Technician Program

a. The Office of Worker's Compensation (OWCP) has ruled that an injury of technician, while participating in a voluntary fitness program, will be considered as a part of the employment requirements, provided the injury occurred within the program guidelines outlined in the agency policy. In order for technicians to be covered under OWCP, the following conditions must be met:

(1). All approved programs must begin and end at the technician's work site.

(2). Injuries incurred as a result of participation in unauthorized sports activities indicated in paragraph 7d. of this memorandum will be controverted by the Agency and are unlikely to be covered by the OWCP.

b. Technicians are not authorized to perform the APFT/AFFA during the technician duty day, unless they are in an approved leave status. Fitness testing will only be conducted while in an appropriate military status.

7. The following guidelines/procedures govern the use of duty time to perform physical fitness:

a. A total of three (3) hours of official/duty time per week, either two (2) days per week for 90 minutes, or three (3) days per week for 60 minutes. Supervisors need not record any status on time and attendance reports other than normal duty for pay purposes. Time for any missed physical fitness periods will not be cumulative and roll over to the next week. The lunch period may be combined with physical fitness to provide a longer period. Break times are duty time, so they will not be combined with the physical fitness period. Time for physical fitness exercise must be coordinated with the immediate or higher supervisor to ensure adequate support for mission requirements and work scheduling. Time for changing clothes, personal hygiene, travel to and from the exercise area, changing into the appropriate duty uniform or any other task associated with the physical fitness program will be included as part of the time allowed for exercise. Scheduling flexibility does not allow personnel to report later or leave earlier than their established duty hours.

MDNG-AG

SUBJECT: Maryland National Guard Full-Time Employee Voluntary Physical Fitness Program

b. Exercise programs will be performed at the work site. The only exceptions will be for running, jogging, walking and biking, which must begin and end at the work site. Supervisors must conduct risk assessment and approve the off work site exceptions mentioned above. Off site activities such as and not limited to athletic clubs, arena clubs, and weight loss facilities are prohibited. Appropriate clothing or required military fitness uniform will be worn.

c. Team sports, sports involving contact with other participants, or any sport where a score can be kept are not authorized.

d. All employees are required to submit a completed risk assessment of their individual exercise program and the Statement of Understanding and Liability (encl 1) to their supervisors prior to starting the program. The assessment and the completed statement will be kept on file by the supervisor.

e. This program is a privilege. Supervisors may temporarily suspend this program due to mission or work load requirements.

f. Authority for individual revocation is delegated to the employee's supervisory chain of command, equal to or higher than a GS-12/ O5 (LTC), or equivalent grade.

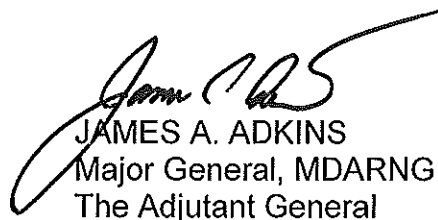
g. Any requests for exceptions to this policy must be submitted in writing through your Full Time Support (FTS) chain of command to the HRO for review and approval.

h. The HRO will review all technician injuries associated with the physical fitness program and reserves the right to restrict activities based on such injuries.

i. Any injuries occurred during the physical fitness program must be reported to the supervisor. The supervisor has the responsibility to initiate Preliminary Report of Mishap (PROM), Worker's Compensation Claim, and/or Line of Duty (LOD) Investigation.

8. POC is MDNG Human Resources Officer Col Charles Blackiston at 410 576-6044 or Deputy Human Resources Officer LTC Young Lee at (410) 576-6112.

Encl
Statement of Understanding



JAMES A. ADKINS
Major General, MDARNG
The Adjutant General

DISTRIBUTION: A

Maryland National Guard Full-Time Personnel Voluntary Physical Fitness Program

STATEMENT OF UNDERSTANDING AND LIABILITY

I, _____, acknowledge and agree that:
(Employee Name)

- a. I may take part in the voluntary physical fitness program, during duty hours, for a maximum of three hours per workweek.
- b. This program is unsupervised and I am under no obligation to participate.
- c. It is recommended that I consult with a physician prior to participating in the program.
- d. I will conduct a risk assessment of my physical fitness program and submit my assessment to my supervisor.
- e. I will conduct my exercise program at my work site and if I engage in running, jogging, walking or cycling, I must begin and end the exercise program at the work site.
- f. I will begin and end my exercise period within the time period allowed. This includes all time used for changing clothes, traveling to and from the exercise site, actual exercising, personal hygiene, changing into the appropriate duty uniform and any other tasks concerning participation in the program.
- g. I will notify my supervisor at the beginning and end of each exercise period.
- h. Times and locations of exercise must be approved by my supervisor.
- i. I will immediately notify my supervisor of any injury sustained while participating in this program.
- j. My supervisor may temporarily suspend this program due to mission or work load requirements.
- k. If I abuse this program, I will be subject to disciplinary action and/or have my exercise privilege revoked.

(Date)

(Employee Signature)

(Supervisor Name)

(Supervisor Signature)