



DEPARTMENT OF DEFENSE, VETERANS AND EMERGENCY MANAGEMENT
JOINT FORCE HEADQUARTERS, MAINE NATIONAL GUARD
33 STATE HOUSE STATION
AUGUSTA, ME 04333-0033

NGME-Z

05 March 2013
TAG 13-07

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Employee Exercise Program

REFERENCE: Office of the Secretary of Defense Memorandum Civilian Fitness and Wellness Program, dated 10 February 2011.

1. This policy memorandum supersedes policy memorandum TAG 11-03, dated 12 October 2010, same subject as above. Unless sooner rescinded or superseded, this policy will expire 05 March 2015.
2. TAG Philosophy: Physical fitness is an important and necessary component of military culture and must be central to the lives of all our Soldiers, Airmen and even our civilian employees. People who are physically fit and active are healthier and better able to manage the normal stresses and requirements of working within this organization. For our military members and dual status employees, fitness is a condition of employment. Successful completion of either an Army Physical Fitness Test or Air Force Fitness Assessment is required of all military personnel. The goal of the employee exercise program is to encourage and motivate employees to develop healthy lifestyles, enhance the quality of worklife and productivity, and to allow them to meet the minimum fitness standards required by their respective military services. The opportunity is therefore extended for all Maine National Guard federal employees to participate in a physical fitness program during duty hours. This program is intended to supplement, but not to replace each individual's personal fitness program.
3. General Information:
 - a. Full-time employees are authorized up to three (3) hours per week to participate in this program. Unused time from a previous week may not be carried over to following pay periods. Part-time employees will receive a pro-rated amount of time. The mission of the Maine National Guard has priority over participation in this program and supervisors may temporarily suspend any activity authorized. Supervisors shall consider alternative times during the current work week/pay period to provide maximum benefit of this program.
 - b. For most employees, work assignments are routine and the approval process for participation is through completion of the Employee Exercise Program Agreement (attached). Agreements will be updated and maintained by supervisors as appropriate. Employees whose workday routine is such that participation in this program through a completed agreement is difficult due to frequent TDY assignments, flying schedules, meetings, or other work

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assignments, may make ad-hoc requests through first line supervisors. Compensatory time for technicians may not be approved to allow for participation in the employee exercise program.

c. The employee must immediately notify their supervisor if an injury occurs while participating in physical fitness activities under this policy. The Federal Department of Labor is the final adjudication authority for technician injury compensation claims. Activities beyond the scope of this policy may not be covered by worker's compensation.

d. Supervisors are responsible for ensuring the program is not compromised or abused and have the authority to revoke privileges based on a finding of an employee's failure to fully participate in accordance with the signed agreement or other work release policy in place, written or otherwise.

4. Specific Guidelines:

a. An Employee Exercise Program Agreement or ad-hoc request will annotate the time the activity starts/ends, the location (on or off-site), and a contact number to reach the employee in an emergency (off-site). Normally supervisors will require exercise to begin and end at the worksite. Preparation for participation and/or return to work, i.e. showering, changing to duty uniform, is included in the time absent from the worksite.

b. Approved activities are those that promote cardiovascular/aerobic endurance, muscular strength/endurance and flexibility. Some examples are: running, jogging, fast walking, in-line skating, endurance training equipment, calisthenics, weight machines, free weights, yoga, Pilates and other stretching sequences.

c. Activities not approved for this exercise program include contact sports such as football, soccer, ice hockey, lacrosse, rugby and other similar activities.

5. Safety remains a primary consideration when participating in any fitness program activities. Supervisors and employees need to ensure a safe environment and the wear of proper personal protective equipment as required by the activity. Certain competitive activities such as basketball, volleyball, racquetball and tennis must consist of an informal risk assessment each and every time prior to commencing. The informal risk assessment will be based on the following factors:

a. Personal Safety – Each individual participating must have correct footwear, eye protection, etc. to commensurate with the respective event. Removal of jewelry, familiarity with activity site rules, and personal conditioning will also ensure that the potential for injuries are mitigated.

b. Site Safety – Condition of all surfaces to include removal of foreign materials, integrity of surface, adequate lighting and specific equipment condition.

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6. The Human Resources Officer is the point of contact for this policy and may be reached at 430-6010.

Encl

JAMES D. CAMPBELL
Brigadier General, MENG
The Adjutant General

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**MAINE NATIONAL GUARD
EMPLOYEE EXERCISE PROGRAM AGREEMENT**

EMPLOYEE: _____ (Printed Name)

1. My requested employee exercise program training times are:

From: _____ hrs to _____ hrs

On the following days of the week M __, Tu __, W __, Th __, F __

2. My program will

Start and end at the: worksite _____ Start and/or End at an off-site location _____

If off site: Start time: _____ Location: _____

End time: _____ Location: _____

Emergency contact number: _____

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

Signed: _____ Date: _____

SUPERVISOR DECISION

_____ The above requested physical fitness program training times are approved, subject to workload and/or mission requirements.

_____ Participation in the physical fitness program as requested above is denied for the following reasons:

Supervisor's Signature _____ Date: _____