

**USNA CIVILIAN FITNESS PROGRAM (CFP)
REQUEST FOR APPROVAL OF EXCUSED TIME AND
MEMORANDUM OF UNDERSTANDING FOR PHYSICAL FITNESS ACTIVITIES**

I request approval of excused time, not to exceed 3 hours per week, for the sole purpose of participating in physical fitness activities. I understand and agree to the following:

1. My participation is contingent on the approval of my first level supervisor or cost center designee.
2. My participation in the program may be suspended at any time due to the workload demands, failure to comply with any requirement or restriction of the program, irregular or erratic attendance, and/or misconduct or poor job performance.
3. This program does not create any substantive rights to future participation in this or similar programs.
4. Compensatory time and overtime may not normally be approved or earned on days when use of duty time is approved under this program.
5. I must record my excused time used for physical fitness on my time sheet or in SLDCADA as "LN/Administrative Leave" with a comment in the note section stating "CFP".
6. I may use up to 59 minutes of excused time in any one day for physical fitness activities (not to exceed three hours a week). I may request to use the exercise period in conjunction with the meal period with the total time not to exceed the authorized meal period plus the exercise period. The time includes: travel to and from the exercise site, exercise, and personal hygiene. Any unused time may not be banked for future use.
7. If I am a part-time employee, my maximum weekly excused time will be prorated to less than three hours a week and my supervisor shall note what that total weekly amount is in the comments below as well as correct the daily mins/day amount in the designated section.
8. I must report to work before going to the exercise site and I must report back to work after completion if required by my supervisor.
9. I will immediately notify my supervisor if my ability to participate becomes limited in any way.
10. I will immediately notify my supervisor if I am injured while participating in this program.
11. I certify and reasonably believe that I am physically able to participate in all of the activities in which I will take part. I do not suffer from any physical condition that might preclude my participation in any of these activities, and I am not under any treatment for any ailment which may be aggravated by my participation in any of these activities.
12. I am responsible for my activities while exercising and understand the potential danger of overexertion. I recognize that I am responsible for the knowledge of my own state of health.

REQUESTOR

Printed Name	Signature	Date
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Period of Request (Select only one)	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year
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Days Participating	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Start Time	End Time
1-3 days/week (59 mins/day) 4 days/week (45 mins/day) 5 days/week (36 mins/day)		Activity/Activities Participating in							
		Location/s of Participation							

FIRST LEVEL SUPERVISOR	Approved	Disapproved	(Forward copy of request to HRO)
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Comments

Printed Name	Signature	Date
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